

**Booking ID #** 

**Reservation Date(s)** 

## **Acknowledgement of Receipt of LUMCON Fees and Policies**

I acknowledge that I have received the Louisiana Universities Marine Consortium (LUMCON) policies concerning Group Cancellation and Deposits, General Policies, Group rules, and current fee structure. I also understand that I am responsible for reviewing the documents and making sure that I (the group leader) and my group participants comply with all the provisions contained in the documents.

Group Leader Name (print)		
Group Leader Signature	Date	