

PRINT NAME _____ PHONE _____ SITE NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

UNIT _____ YEAR _____ LIC. NO. _____ STATE _____ DATE IN _____

MAKE _____ CHECK ONE DATE OUT _____

E-MAIL: _____

HOW DID YOU HEAR OF US? FIRST VISIT RETURN VISIT

A/C Elec. Heater Water & Elec. Sewer

NOTICE TO GUEST

This property is privately owned. We reserve the right to refuse service to anyone and will not be responsible for accidents or injury to our guests or for loss of money or valuables of any kind.
The Management

I AGREE TO READ AND TO COMPLY WITH ALL CAMPGROUND RULES AND REGULATIONS AS POSTED IN THE OFFICE AND/OR ON THE GROUNDS.

X _____

CAMPER'S SIGNATURE

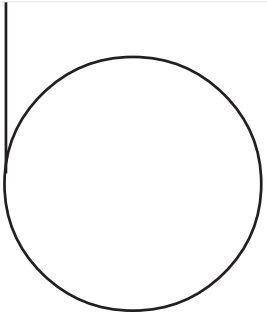
COMPANY NAME

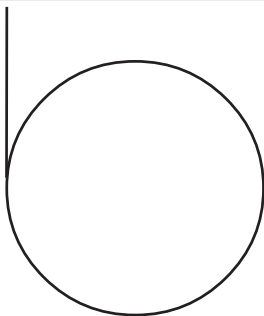
Address _____
City State Zip _____
Telephone & Fax _____
Advertising Line _____

DATES	Camping Fee	A/C Heating	Sewer	DAILY TOTAL
Friday /				\$
Saturday /				\$
Sunday /				\$
Monday /				\$
Tuesday /				\$
Wednesday /				\$
Thursday /				\$

IF YOU HAVE ANY SPECIAL NEEDS OR NEED ASSISTANCE, PLEASE CONTACT THE OFFICE.

Sub-Total	\$
Tax	\$
Total Charges	\$
Advance Deposit	\$
AMOUNT DUE	\$





**Site
No.**

COMPANY NAME

Address

City State Zip

(000) 000-0000

Advertising Line

Departure Date