PRINT NAME			PHONE		SITE NO.
ADDRESS	CITY		STATE	ZIP	
UNIT MAKE	YEAR	LIC. NO.		STATE	DATE IN
CHECK ONE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					DATE OUT
E-MAIL:		☐ FIRST VISIT	NUMBER IN FAMILY		
HOW DID YOU HEAR OF US?		☐ RETURN VISIT	ADULTS	CHILD	
			GUESTS	PETS	

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

	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.

COMPANY NAME

Address
City State Zip
Telephone & Fax
Advertising Line

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

SAMPLE FORM
REPRODUCTION PROHIBITED

Reorder From:
Jenkins Business Forms
(800) 851-4424