



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

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

COMPANY NAME

Address
City, State, Zip
Telephone & Fax
Advertising Line

NAME _____

ADDRESS _____

CITY & STATE _____ ZIP _____

UNIT LIC. No. _____ STATE _____ YEAR _____

UNIT MAKE & MODEL _____ YEAR _____

PHONE _____ E-MAIL _____

No. Persons: ADULTS _____	DATE IN _____	SITE No. _____
CHILDREN _____	DATE OUT _____	
No. OF DAYS _____		

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 THE GROUNDS.

X _____

Camper's Signature

CLERK _____

CAMPING CHARGES \$ _____

ELECTRIC \$ _____

WATER \$ _____

SEWER \$ _____

A/C or HEATING \$ _____

..... \$ _____

TAX \$ _____

TOTAL CHARGES \$ _____

ADVANCED DEPOSIT \$ _____

BALANCE DUE \$ _____

PAID BY CASH CHECK CREDIT CARD

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