

PLEASE PRINT

NAME _____

ADDRESS _____

PHONE: _____

CITY _____ STATE _____ ZIP _____

UNIT _____

LIC. NO. _____

STATE _____

MAKE _____

E-MAIL: _____

NUMBER IN PARTY
ADULTS _____ CHILDREN _____

GUESTS _____ PETS _____

FIRST VISIT

RETURN VISIT

HOW DID YOU
HEAR OF US?

CHECK ONE



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 _____

SIGNATURE OF CAMPER

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

COMPANY NAME

Address
City State Zip
Telephone & Fax
Advertising Line

DATE IN	AM PM	SITE NO.
DATE OUT	AM PM	

CAMPING CHARGES \$ _____

A/C - HEATING \$ _____

SEWER \$ _____

ADDITIONAL PERSON(S) \$ _____

ADDITIONAL VEHICLE(S) \$ _____

\$ _____

\$ _____

TOTAL DAILY CHARGES \$ _____

NO. OF NIGHTS **X** \$ _____

\$ _____

\$ _____

SUB-TOTAL \$ _____

TAX \$ _____

TOTAL CHARGES \$ _____

LESS ADVANCE DEPOSIT \$ _____

BALANCE DUE & PAYABLE \$ _____

CLERK _____

PAID BY CASH CHECK VISA M/C

SAMPLE FORM REPRODUCTION PROHIBITED

