

Jenkins
CAMPGROUND RESERVATION REQUEST

Date _____

Name _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Business Phone _____

E-mail _____

Date of Arrival _____ AM PM Departure Date _____ AM PM

Number in Party: Adults _____ Children _____ Pet(s) _____

Size & Type of Site Needed _____ Number of Nights _____

CHECK ONE

HOW DID YOU HEAR OF US?

- Campground Directory: Which? _____
- Friends
- Highway or Road Signs
- Internet
- Telephone Directory
- Camping Show(s)
- First Visit
- Return Visit

Camping Fee	
Electric & Water	
A/C - Heating	
Sewer	
Additional Person(s)	
Total Daily Charges	
No. Nights X \$	
SUB-TOTAL	
Tax	
TOTAL CHARGES	
Less Advanced Deposit	
BALANCE DUE	

Rate Quoted _____

Deposit Requested Amt. \$ _____

Reservations Guaranteed: Yes No

TO BE PAID BY: CASH CHECK CREDIT CARD: M/C VISA

Special Camping Needs and/or Requests: _____

SITE ASSIGNED

Clerk