

Jenkins
CAMPGROUND TELEPHONE RESERVATION

Date _____

Name _____

Address _____ City _____

State _____ Zip _____ Phone No. _____

E-mail _____

Date of Arrival _____ AM
PM Departure Date _____ AM
PM

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

Size & Type of Site Needed _____

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 _____
- Rate Quoted _____
- Deposit Requested—Amt. \$ _____

Special Camping Needs and/or Requests:

TO BE PAID BY: CASH CHECK
 M/C VISA

CC# _____

EXP. DATE _____

CLERK _____

SITE ASSIGNED

Reservation Guaranteed: Yes No