

Office use only:	
Date Received	//2
Space #	

Vendor Name and Contact Person_		
Address		
City		
Phone ()		
Camping Vehicle: Make		Model
License Plate Number		
Circle each day you want to stay ove	ernight: Mon.	
No. of Nights at \$40.00 per nig	ght =	Payment w/CC:
Sunday Night at \$55.00	=	Cardholder First & Last NameCC#:
5 % Sales Tax Total Amount Enclosed	= =	CC#:Expiration Date:Security Code:Zip Code:
Total Timount Enclosed		Security Code: Zip Code:
Please PRINT CLEARLY the Name	es of Occupants:	
Please PRINT CLEARLY the Name	es of Occupants:	
Please PRINT CLEARLY the Name Camping Regulations:	es of Occupants:	
Camping Regulations: 1. Camping is \$40.00 each night the 2. Camping space is limited to a first co 3. Water hookup is available. 4. NO Sanitary dumping along camper 5. Spaces will be assigned to you. 6. Camping permits will be issued at ti 7. Camping permits MUST be posted. 8. Electricity is limited. It does not allow 9. You and all persons staying will be is	camping unit is on the ome basis. Trail. Dump station is location of check-in at the Color in clear view. The own for operation of air color is sued a Fair ID that MU. That is restricted to those of the color in g. The own for operation of air color in the colo	cated a short distance from camper rail. commercial Office. conditioners. 2ST be worn at all times. conly with proper ID. (Received ONLY at Check-In time.) ate eviction and future consideration.