



RV Park Rental Application

(Please Print Legibly)

Renter Information

Name: _____ Phone # _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Email: _____

Emergency Contact

Name: _____ Contact Phone # _____
 Email: _____

Vehicle Information

RV	Other Vehicles
RV License Plate Number: _____ State: _____	1. Make: _____ Model: _____ Color: _____ LP # _____ State: _____
	2. Make: _____ Model: _____ Color: _____ LP # _____ State: _____

Booking Information

No Person shall camp for more than seven (7) consecutive days or more than fourteen (14) days within any Calendar month. Check-in is at 3:00 pm and check out is noon.

Fee	Arrival & Departure Dates	
RV Rate \$15.00 per night	Arrival Date: _____ Departure Date: _____	Number of Days: _____

Miscellaneous

Reason for your stay. (optional)

Office Use Only

Payment	RV Camp Site
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Amount Owed: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

(Print) Name of Applicant: _____

Signature: _____ Date: ____ / ____ / ____