

Camper Registration Number _____

(Assigned by Staff)

Name _____

Address _____

Telephone/cell _____

E-Mail Address _____

(For future distribution of camper information/registration)

Registered Vehicle Make/Model _____

License No. _____

Number in Your Party _____

Extra Vehicles _____ Makes/Models _____

Extra Tags _____

Number of nights camping:		<u>1</u>	<u>2</u>	<u>3</u>
Cash _____	Non-Electric Fee:	\$50.00	\$70.00	\$85.00
Check# _____	Electric Site Fee:	\$60.00	\$80.00	\$100.00

PAID - _____

Staff Signature

GENERATORS Must Be Turned Off Between 11:00 p.m. and 8:00 a.m.

Please lock your camper if possible. Supervise access when it is unlocked.

Medical Assistance is available at the First Aid Station during the day. At night, call 911.