

RESERVATION

Please print this form and fax it to (800) 250-8223

DATE: _____ SITE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE OR PROV: _____

ZIP OR POSTAL CODE: _____ PHONE: _____

TYPE OF VEHICLE:

- TRAILER MOTORHOME CLASS C MOTORHOME MOTORHOME
 FIFTH WHEEL CAMPER TRUCK

CONVERSION VANS & CAMPERS TRUCKS MUST BE SELF CONTAINED UNITS

PETS: CAT DOG NO PETS

ARRIVAL DATE: _____ DEPARTURE DATE: _____ NUMBER OF
NIGHTS: _____

FORM OF PAYMENT:

CHECK DUE BY: _____ IN THE AMOUNT _____
MUST STATE U.S. FUNDS IN NOT U.S. BANKS

MONEY ORDER DUE BY: _____ IN THE AMOUNT _____
MUST BE U.S. CURRENCY

CREDIT CARDS:

MASTER CARD _____ EXP. DATE: _____

VISA CARD _____ EXP. DATE: _____

AmEx CARD _____ EXP. DATE: _____

DEPOSIT OF: _____ FOR THE MONTH OF: _____

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