



Registration Form

Last Name: _____ Phone # _____

Address: _____ Email: _____

City: _____ Zip: _____

List Names of all attending:

Name: _____ Adult/Child: _____

Name: _____ Adult/Child: _____

Name: _____ Adult/Child: _____

Name: _____ Adult/Child: _____

Name: _____ Adult/Child: _____

Name: _____ Adult/Child: _____

Check here if you have food allergies to consider. Please write them on the back.

Fee Chart

I'd like an RV spot.....\$35 per night x _____ = \$ _____
of nights

I'd like a tent site.....\$3.00 per person per night x _____ x _____ = \$ _____
of nights # of people

I'd like food for..... Family: \$45 or Couple: \$30 = \$ _____

I would like to register for Day Use only..... \$10 per car per day (Pay at the gate.)

Due at registration: minimum of \$50 Balance Due: June 10th Total: = \$ _____

Office Use Only

Reg. Fee _____ Date _____

RV Spot _____ Paid _____

Tent Spot _____ Paid _____

Balance Due: _____