

Campground Service Contract

YOUR INFORMATION

Name: _____ Email: _____

Phone 1: ____ - ____ - ____ Phone 1 Type: Mobile / Home / Work

Phone 2: ____ - ____ - ____ Phone 2 Type: Mobile / Home / Work

Campground: _____ Lot #: _____

BILLING INFORMATION

Name: _____

Street: _____ City: _____ ST: _____ ZIP: _____

Preferences: Contact: Email / Phone Invoice: Email / Snail Mail

CAMPER INFORMATION

Year: _____ Make: _____ Model: _____

Waste Connections: _____ Black Handles: _____ Grey Handles: _____

SERVICE INFORMATION

Start Date: ____/____/____ End Date: ____/____/____

- | | |
|---|---------------------|
| <input type="checkbox"/> Restroom Rental | \$50 per four weeks |
| <input type="checkbox"/> Camper Pump | \$50 per four weeks |
| <input type="checkbox"/> Own Restroom | \$50 per four weeks |
| <input type="checkbox"/> On-Demand Camper Pump | \$35 each time |
| <input type="checkbox"/> On-Demand Own Restroom Service | \$35 each time |

COMMENTS
