

This form is required at registration.

E Mail: _____ Campsite # _____
Required

Year of Trailer: _____

Year Started Camping: _____

Overnight Visitors (first and last name please)

This section is for family, guests and children including infants that will visit your site overnight during the season and/or may wish to purchase a season's pass for their vehicle. Please remember to include your significant other. **Everyone who is spending the night must be registered to your site.**

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

Swipecard Number and the name of the person the card is registered to (first and last name please)

Swipe Card#: **150** _____ AWID26
8 digit number on bottom right

Name: _____
first and last name

Swipe Card#: **150** _____ AWID26
8 digit number on bottom right

Name: _____
first and last name

Swipe Card#: **150** _____ AWID26
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Name: _____
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