
CAMPGROUND BOOKING REQUEST FORM

Name of site renters _____

Email _____

Phone numbers _____

Number of people renting *adults* _____ *children* _____

Pets (circle one) **YES or NO** How many? _____

Date of Arrival _____

Date of Departure _____

How many nights _____

Site requested (circle one) **serviced unserviced**

Type of trailer (circle one) **tent trailer 5th wheel travel trailer tent**

Size of trailer _____

of Sites _____

Preferred site Number (see map for details) _____

Checking this box confirms that you have read the Family Vacation Rental Policy, that you understand it, and that you agree to be bound by it.

OFFICE USE ONLY:

REQUEST RECEIVED BY (DATE) _____

BOOKING APPROVED BY _____

PAYMENT PAID for site _____

Please submit form request to

arden@csranch.ca