

LAKEVIEW CAMPGROUND

SEASONAL APPLICATION

First Name: _____ M.I. ___ Last Name: _____
Birthdate: _____
Address: _____ - _____
Phone: _____ E-Mail: _____
Place of Employment: _____ Dates of employment: _____

First Name: _____ M.I. ___ Last Name: _____
Birthdate: _____
Address: _____ - _____
Phone: _____ E-Mail: _____
Place of Employment: _____ Dates of employment: _____

Dependent Children Names and ages: _____
Site Requested: First Choice _____ Second Choice _____
Do you have any pets? _____ List type: _____

Previous Campgrounds as a seasonal:

Name: _____ City _____ State _____
Manager: _____ Phone #: _____
Reason for leaving: _____

Name: _____ City _____ State _____
Manager: _____ Phone #: _____
Reason for leaving: _____

If additional campgrounds, please list on back of this form.

References:

Name: _____ Phone#: _____

Name: _____ Phone#: _____

Name: _____ Phone#: _____

I hereby state the above information is accurate and true. I acknowledge any omissions or false information may result in the denial of my request for a permanent site.

Signature Date

Signature Date

OFFICE USE: _____ Application Approved _____ Application Denied
Security Deposit Received \$ _____ Date _____