



RESERVATION BY FAX

(print and fill out then fax).

Fax#: 1 (858) 581 4206

We will contact you within two working days.

This is a request only and does not guarantee your reservation.

CUSTOMER INFORMATION

First Name _____ Last Name _____

Street Address _____ City _____

State _____ Zip _____ Country _____

Home Phone_(_____) _____ Work Phone_(_____) _____

E-mail Address: _____ Fax:_(_____) _____

RESERVATION INFORMATION (base rate includes 4 persons)

Number of Adults (circle one): 1 2 3 4 5 other

Number of Children: (4-17 yrs.) (circle one): 1 2 3 4 5 other

Number of Dogs (circle one): 1 2 3 (No Pit or Bully Breeds or Rottwiellers)

Site Type (please state your 1st, 2nd, and 3rd choice):

Super Site _____ Beach Front _____ Bay View _____ Distinguished _____ Preferred _____

Select _____ Standard _____ Limited _____ Primitive _____ (seasonal only)

Camping in (circle one):

Tent Trailer Tent Van Camper Trailer Motor home 5th Wheel

Length of your RV _____ Does it Slide Out ___Yes ___ No Handicap Access: ___Yes ___ No

Month Day Year

Arrival Date: _____

Departure Date: _____

**NO SATURDAY ARRIVALS
IN SUMMER**

CREDIT CARD INFORMATION * Visa or Master card only:

Credit card will be charged now and must be presented upon check in.

Type of Card (circle one): Visa Master Card Name on Card: _____

Card Number: _____ Expiration Date: _____

Any other comment(s) that you have, please write in below: