

# RESERVATION SIGN UP FORM



Name of Campground \_\_\_\_\_

Camping Date \_\_\_\_\_

For Reservation Questions call: Dave Hugo 805-522-3738

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME Ph \_\_\_\_\_ CELL Ph \_\_\_\_\_

ARRIVAL DATE \_\_\_\_\_ DEPARTURE \_\_\_\_\_

RIG:  Motorhome  5<sup>th</sup> Wheel  Trailer LENGTH \_\_\_\_\_ No. of Slides \_\_\_\_\_

TOWING? \_\_\_\_\_ SPECIAL NEEDS \_\_\_\_\_

Emergency Contact \_\_\_\_\_

PHONE #(s) of Emergency Contact \_\_\_\_\_

CAMPING FEE: Fri. & Sat. nights \$ \_\_\_\_\_

Early Days @ \$ \_\_\_\_\_ x Number of Days \_\_\_\_\_ = \_\_\_\_\_

No. of Pets \_\_\_\_ @ \$ \_\_\_\_\_ per day x No. of Days \_\_\_\_ = \_\_\_\_\_

Extra Vehicle @ \$ \_\_\_\_\_ x Number of Days \_\_\_\_\_ = \_\_\_\_\_

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** (Your Check # \_\_\_\_\_) \$ \_\_\_\_\_

**Make Checks Payable To: WEAKENDER'S RV CLUB**

**Mail This Entire Form & Your Check To:**

**Dave Hugo  
1179 Cadiz Dr.  
Simi Valley, CA 93065**