

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 5th 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**