EATON COUNTY CAMPING REGISTRATION

FAMILY NAME:_____CAMPING DATES FROM:_____TO:_____

ADDRESS:_____
Street City State Zip

PHONE NUMBER:_____

CLUB NAME:_____

UNIT TYPE:_____ SIZE:_____

UNIT LICENCE NUMBER:_____ VEHICLE LICENSE NUMBER:_____

NAMES OF ALL PERSONS CAMPING IN THIS UNIT: *List adult in charge of this unit on line 1.

*1_____ 6_____

2_____ 7_____

3_____ 8_____

4_____ 9_____

5_____ 10_____

FOR OFFICE USE ONLY

AMOUNT DUE:_____ AMOUNT PAID:_____DATE PAID:_____

CK NUMBER:_____RECEIVED BY:

COMMENTS:_____

1. Camper Receipt 2. Unit I.D. Tag 3. Camp Office.

WARNING: FINE OF $15.00 FOR REMOVING WATER AIRY-A-TORS