

Carefree Farms Campground

20___ Campsite Registration Form

Please Print All Information:

SP# _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Vehicle: _____ Color: _____ State: _____

"Adults" in Group: _____ Under 10 Yrs: _____ Total # Sites: _____

Check In Date: ___ / ___ / ___ @ ___ : ___ AM/PM Staying ___ Nights

All "Adult" Campers in Group MUST Read and Follow Rules to be "Carefree"
Kindly Assist "Non-Adult" Campers to Understand & Follow As Well

Please Initial Here: _____

☺ ☆ ☺ ☆ ☺ **If Rules Are Broken, Eviction May Result!** ☺ ☆ ☺ ☆ ☺

-----**For Office Use Only**-----

◇ EMU ⇒ Qty: _____ Additional Campers? Y / N Thursday Friday Saturday Sunday

◇ Paid @ Gate ⇒ Qty: _____ @ \$ _____ Per Night × _____ Nights = \$ _____ Total

◇ Paid @ Gate ⇒ Qty: _____ × \$ _____ Weekend Pkg = \$ _____ Total CA CK CH

Notes:

Rec'd By: _____