

FAMILY CAMPGROUND RESERVATION REQUEST

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (main) _____

PHONE (cell) _____

EMAIL _____

WHEN IS THE BEST TIME TO REACH YOU? _____

WHAT IS THE BEST METHOD TO REACH YOU? _____

ARE YOU CAMPING WITH AN ORGANIZED GROUP __ YES __ NO

IF SO, WHO IS THE GROUP LEADER? _____

GROUP NAME? _____

SITE/UNIT REQUESTED: _____

DATES REQUESTED (List all dates, in order of preference) _____

CAMPSITES – WHAT SIZE/TYPE OF EQUIPMENT WILL YOU PLAN TO USE?

WHO WILL BE CAMPING ON YOUR SITE WITH YOU? (Names/ages of all persons on site)

DEPOSIT AMOUNT:

\$90 – Cottage / \$60 – Camping Cabin / \$35- Sewer Site / \$30 – Basic Site

**MAIL TO: Rock Mountain Family Campground
1156 Rock Mountain Dr. / Susquehanna, PA 18847**

RMBC USE ONLY:

DATE REC.D	BY