

# SOUTH 40 RV RANCH – RESERVATION REQUEST FORM

DATE\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

OPERATOR\_\_\_\_\_

HOW MANY PEOPLE IN YOUR PARTY:\_\_\_\_\_

ARRIVAL DATE\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ SUN MON TUE WED THU FRI SAT

LAST NIGHT\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ SUN MON TUE WED THU FRI SAT

TOTAL # of NIGHTS\_\_\_\_\_

PETS: HOW MANY:\_\_\_\_ (Limit 2 Under 40 lbs) TYPE:\_\_\_\_\_ VACCINES TO DATE: Y/N

**\*\*NO GERMAN SHEPHERDS, PIT BULLS, DOBERMANS, ROTTWEILER, CHOW, WOLF HYBRID**

RV LENGTH\_\_\_\_ RV TYPE \_\_\_\_\_ YEAR\_\_\_\_ (MUST APPROVE OVER 15 YRS)

# OF SLIDES\_\_\_\_\_

AMPERAGE: 30 OR 50

EXTRA VEHICLE:\_\_\_\_\_

**\*\*NO ENCLOSED TRAILERS AT SITES\*\***

ELECTRIC VEHICLES:\_\_\_\_\_ (Does not include bicycles)

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LAST NAME:\_\_\_\_\_ FIRST NAME:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

ZIP:\_\_\_\_\_ (CGM WILL FILL IN CITY AND STATE)

CITY:\_\_\_\_\_ STATE:\_\_\_\_\_

PHONE (CELL PREFERRED):\_\_\_\_\_

EMAIL:\_\_\_\_\_

Drivers License # \_\_\_\_\_ STATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

VETERAN'S: Y/N

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SITE ASSIGNED:\_\_\_\_\_

CREDIT CARD : \_\_\_\_\_ EXP: \_\_\_\_\_ CVC: \_\_\_\_\_

**\*\*DEPOSIT PAID \$50 (DAILY), \$100 (WEEKLY), \$200 (1 + MONTHS) \*\***

AMOUNT \$ \_\_\_\_\_

3/27/2025