

Veterans Memorial Park

Seasonal Campsite Reservation Form

This form must be filled out in its entirety and signed by the adult(s) who will be responsible for the assigned seasonal campsite and camping unit. PLEASE PRINT

Name(s) _____ Phone () _____

Address _____ City _____ Zip _____

~ The name, address and phone number listed above will be used for future correspondence ~

Type of Camping Unit

✕ please select one

Motor Home

Pickup & Trailer

Other _____

Seasonal Site Selection

Site preferences are not guaranteed, we will do our best to accommodate.

Sites 1 - 19: \$2000.00 per season \$1000.00 deposit

1st Choice _____ Suggestions: _____

2nd Choice _____

3rd Choice _____

A check for the 50% deposit MUST accompany this form and be received before February 1st of camping season. The deposit will be deducted from the seasonal site/rate you have been assigned to. Remaining balance must be paid upon your arrival to the park manager at campground.

Signature: _____ Date: _____

Please make check payable to **Forest County Treasurer**

Mail check & form to:
Forestry & Recreation Department
200 East Madison Street
Crandon, WI 54520

