

*In The Pines Seasonal
Camp-Resort*
Guest Check-In \$5 a day

Name:	
Arrival Date:	
Departure Date:	
No. of Adults (18 & up):	
No. of Kids (6 & up):	
Number of Nights:	
Amount Paid:	

The Management reserves the right to refuse service to anyone and will not be held responsible for accident or injury to our guests or for loss of money, jewelry or valuables of any kind. The guest agrees to read and comply with campground rules and regulations as posted on the premises.

SITE No. _____ **Office Initial:** _____

X _____
Signature

In The Pines Seasonal Camp-Resort

Guest Info Card

Name:

Address:

City/State/Zip:

Phone:

Email:

Emergency Contact & No:

Vehicle Lic. No.

No. of Adults(18 & up)

No. Kids

SITE No. _____ **Date:** _____

X _____
Signature

Office Use Only - Check In Initial _____