2024 OASIS SEASONAL APPLICATION

FIRST NAME(S):	LAST NAME(S):	_
EMAIL ADDRESS:		_
ADDRESS:		-
CITY:	_ STATE: ZIP CODE:	_
PHONE NUMBER(S):		_
CAMPER YEAR:	CAMPER TYPE:	
HAVE YOU S	STAYED WITH US BEFORE? YES NO	
	STOOD, AND ACCEPTED THE OASIS O RULES AND REGULATIONS	
SIGNATURE:		
DATE:		/

