2026 OASIS SEASONAL APPLICATION

First Name(s):		
Last Name(s):		
Email Address:		
Address		
Address:		
City:	_ State:	_ Zip Code:
Phone Number(s):		
()		
Camper Year:		
Camper Type:		
Have you stayed with us befor	e?	
☐ Yes		
□ No		
I have read, understood, and ac	cepted the Oasis (Campground Rules and
Regulations.	•	. 5
Signature:		
Date:		