

2025 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 stayed with us before?

☐ Yes

☐ No

I have read, understood, and accepted the Oasis Campground Rules and Regulations.

Signature: _____

Date: _____