

FOUR SEASONS LAKESITES
PROPERTY OWNERS ASSOCIATION, INC.
CAMPGROUND

DATE: _____

OWNER NAME: _____

OWNER PHONE: _____

LOT #: _____

GUEST NAME: _____

GUEST PHONE: _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

RV SITE #: _____ 30 AMP _____ 50 AMP _____

TENT SITE #: _____ PAID: _____

Nightly fees are \$10.00 per night for each tent site, \$35.00 per night for each 30 and 50 amp service RV site.

I hereby authorize the Four Seasons Lakesites Property Owners Association, Inc. to bill my account for the above identified campground facilities usage.

I further agree to abide by the rules and regulations for use of the Four Seasons Property Owner's Association Campground:

OWNER SIGNATURE

DATE

GUEST SIGNATURE

DATE