

Campsite Registration Form

Permit Holders Name: _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Emergency Contact: _____

Please Circle

Registered Guests:

Are you a resident of the
Town of Minerva?

1) _____	under 18	18 or older	Yes	No
2) _____	under 18	18 or older	Yes	No
3) _____	under 18	18 or older	Yes	No
4) _____	under 18	18 or older	Yes	No
5) _____	under 18	18 or older	Yes	No
6) _____	under 18	18 or older	Yes	No
7) _____	under 18	18 or older	Yes	No

Please list any pets you are bringing with you and attach proof of inoculation.

(type of animal & name)

1) _____
2) _____
3) _____
4) _____

Car Lic. No. _____ State _____

Car Make _____ Year _____

Camper make & model _____

Please circle: Tent Pop up Camper Tow along RV Other

Date in: _____ Date out: _____ Number of days _____

I have received & read the Campground rules and I understand and agree to abide by them.

Permit Holders Signature: _____

Office Use Only

Permit # _____ Date Issued _____ Site # _____

Payment amount \$ _____ Payment Type _____

Clerk _____

Notes: _____

To reserve your campsite please call 518-251-2869 and then return this form to:

admin@townofminervany.gov or mail to Town of Minerva Campground, PO Box 937, Minerva NY 12851 or fax to 518-251-5136.