

Town of Minerva Campsite Registration Form

Permit Holders Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Phone: _____
 Emergency Contact: _____ Phone: _____

Please list any guest *staying* at your campsite – **Maximum of 4 adults (18+) per site.**

Registered Guests	Date of Birth	✓18+	Minerva Resident	
1)			Yes	No
2)			Yes	No
3)			Yes	No
4)			Yes	No
5)			Yes	No
6)			Yes	No
7)			Yes	No

Two pets are allowed at each campsite, please list:

	Breed(Dog, cat, etc.)	Animals Name	License No./Town/State
1)			
2)			

REQUIRED for pets:

- 1. Proof of inoculation**
- 2. Must be leashed or contained at all times.**

Car Lic. No.: _____ State: _____
 Car Make: _____ Year: _____
 Camper make & model: _____
 Please circle: Tent / Pop up / Camper / Tow along / RV / Other

Date in: _____ Date out: _____ # of nights: _____

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

Permit Holders Signature: _____ Today's Date: _____

To reserve your campsite:

Call 518-251-2869 to ensure we have a site available for your need and then return this form to our office as soon as possible.

By email; admin@townofminervany.gov

By mail; Town of Minerva Campground, PO Box 937, Minerva NY 12851

By fax; 518-251-5136 (please call to confirm it was received)

OFFICE USE ONLY			
Permit #:	Date Issued:	Site #:	
Number of nights:	Payment Amount: \$		
Payment Type:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash Receipt #:	<input type="checkbox"/> Check #:
Notes:			