

# 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+), with a total of 8 campers when including minors.**

| Registered Guests | Date of Birth | 18+                      | Minerva Resident             |                             |
|-------------------|---------------|--------------------------|------------------------------|-----------------------------|
| 1)                |               | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2)                |               | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3)                |               | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4)                |               | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5)                |               | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6)                |               | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7)                |               | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Two pets are allowed at each campsite, please list:

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

**REQUIRED for pets:**

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

Car License. No.: \_\_\_\_\_ State: \_\_\_\_\_  
 Car Make: \_\_\_\_\_ Year: \_\_\_\_\_  
 Camper make & model: \_\_\_\_\_  
 Mark one:  Tent /  Pop up /  Camp /  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](mailto: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 Amt.: \$                     |                                   |
| Payment Type: <input type="checkbox"/> Sq. Rcpt.: | <input type="checkbox"/> Cash Rcpt.: | <input type="checkbox"/> Check #: |
| Notes:  |                                      |                                   |