

Town of Minerva Campsite Registration Form

68 Beach Road, Minerva NY 12851

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+), and a total of 8 campers when including minors.

Registered Guests - do not list permit holder	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 of Dog	Animals Name	Rabies Tag #
1)			
2)			

REQUIRED for pets:

1. **Proof of inoculation/rabies - Rabies certificate including current year is an acceptable proof.**
2. **Must be leashed or contained at all times.**

Car License. No.: _____ State: _____
 Car Make: _____ Year: _____
 Camper make & model: _____
 Mark one: 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 Amt.: \$	
Payment Type: <input type="checkbox"/> Sq. Rcpt.:	<input type="checkbox"/> Cash Rcpt.:	<input type="checkbox"/> Check #:
Notes:		