TOWN OF MINERVA
CAMPSITE REGISTRATION FORM

Minerva Campgrounds - 68 Beach Road, Minerva, NY 12851
Town Hall Main Office: 5 Morse Memorial Highway, Minerva, NY 12851

PERMIT HOLDERS:
Name:_____ Date of Birth:_____
Address:_____
City:_____ State:_____ Zip Code:_____
Email:_____ Phone:_____
Emergency Contact:_____ Phone:_____
Desired Site/s:_____ (list any you are interested in. We cannot guarantee availability, we will reach out if another choice is required)

PAYMENT METHOD: *Reservations are not final until payment is received. Sites are held for a max of 5 days.*
☐ Cash: ***Only*** for in person reservations made at the Town Hall, during regular business hours (M-F, 8am-4pm).
☐ Check/Money Order: Mail or, in person.
☐ Card/Electronic Payment: Online payment invoice from Square, over the phone, or in person.

ALLOWED GUEST: Please list any guest ***staying*** at your campsite:
Maximum per site: 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)			☐	☐ Yes	☐ No
2)			☐	☐ Yes	☐ No
3)			☐	☐ Yes	☐ No
4)			☐	☐ Yes	☐ No
5)			☐	☐ Yes	☐ No
6)			☐	☐ Yes	☐ No
7)			☐	☐ Yes	☐ No

PETS: Two pets are allowed at each campsite, please list:

	Breed of Dog	**Animals Name**	**OFFICE USE** ✓ **Rabies info provided**
1)			☐
2)			☐

1. ***Proof of inoculation/rabies: We MUST have a CURRENT Rabies Certificate or Dog License provided prior to your stay.***
2. ***Dogs must be leashed or contained at all times.***

Car License. No.:_____ State:_____
Car Make:_____ Year:_____

Mark one: ☐ Tent ☐ Sm. Camper (>20ft) ☐ Med. Camper/RV (20-30ft) ☐ Lg. Camper/RV (30+ft) ☐ Other:_____
Camper make & model (if applicable):_____

Check-in Date:_____ **Check-out Date**:_____ **Total # 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 inquire availability, complete and return this form, 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		
Permit #:	Date Issued:	Site #:
Number of Nights:	Payment Amt.: $	
Payment Type: ☐ Sq. Rcpt.:	☐ Cash Rcpt.:	☐Check #:
Notes: ☐Form Payment Rules Rabies Cert. (if applicable) Permit sent		