



# Dells TimberLand Camping Resort

Kid Tested and  
approved for Family Fun



Who will be using the Seasonal Campsite

Print Name of all adults

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Print Name & Age of children (under 18yrs)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What is your home address ?

Home Address

\_\_\_\_\_

\_\_\_\_\_

Home Phone#

Email Address

For office use

Date Rec.

Action & Date

Signed Agreement

Policy Book

Accounting

Database

Where are you employed ?

|                     | Adult #1 information | Adult #2 information |
|---------------------|----------------------|----------------------|
| Employer's Name     | _____                | _____                |
| Address             | _____                | _____                |
|                     | _____                | _____                |
| Supervisors Phone # | _____                | _____                |
| Supervisor Name     | _____                | _____                |

Look for us on the web @ [WWW.DellsTimberLand.com](http://WWW.DellsTimberLand.com)

P.O. Box 72 - Wisconsin Dells - WI. 53965 - Phone: (608)254-2429

## Camping Information

Are you friends with or related to any Seasonal Campers at Dells TimberLand? \_\_\_\_\_

If Yes, Who? \_\_\_\_\_

Have you camped at Dells TimberLand Before? \_\_\_\_\_ If Yes When? \_\_\_\_\_

Have you been a Seasonal Camper before? \_\_\_\_\_

If you were a Seasonal Camper before, where were you a Seasonal at, and when ?

\_\_\_\_\_

What other campgrounds have you camped at?

## Trailer Information

What is the make, model and year of the trailer? \_\_\_\_\_

What is the style, length and electrical requirements of the trailer?

\_\_\_\_\_

Where is your trailer financed? \_\_\_\_\_

What is the address, phone#, and your account # at the institution?

Institution Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Account# or Loan#

## Character References

| Name  | Phone# | Title | Relationship |
|-------|--------|-------|--------------|
| _____ | _____  | _____ | _____        |
| _____ | _____  | _____ | _____        |
| _____ | _____  | _____ | _____        |
| _____ | _____  | _____ | _____        |

## Emergency Contact Information (Someone not residing at your household)

|               |                    |              |
|---------------|--------------------|--------------|
| Name _____    | Relationship _____ | Phone# _____ |
| Address _____ |                    |              |