



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

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 _____		