



2011 RESERVATION FORM

735 W. FRUITVALE ROAD
MONTAGUE, MI 49437
(231) 894-4708
campwhiteriver@aol.com
www.whiterivercampground.com

GROUP NAME: _____ (if applicable)

Date of Arrival: _____ **Departure:** _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: (_____) _____ (_____) _____

EMAIL: _____

Type of Camping Unit: _____ (length, width, slides)

Type of Campsite: Premium _____ Electric/Water _____ Rustic _____

Type of Rental: Rustic Cabin _____ Deluxe Cabin _____ Rental RV _____

No. of Adults: _____ **Children 5 thru 19:** _____ **4 & Under** _____

Reservation Policy: Weekend reservations are a 2-night minimum, paid in full. Holidays are a minimum of 3 nights paid in full.

Cancellation Policy: All reservations canceled 7 days prior to arrival date will receive full refund less \$15 administrative fee. Cancellations occurring 6 days or less prior to arrival will incur 1 night camp fee equal to the type of campsite/cabin/rental reserved.

Check-in: Check-in between 3 and 10 p.m. Quiet hours begin at 11 p.m. Check-out by 1 p.m.

Note: Although we do our best to guarantee your site request, we reserve the right to substitute sites if necessary.

Office Use Only	
Date Rec'd	_____
Ck#	_____
Site(s)	_____ Cabins _____