

SILVER LAKE CAMPERS ASSOCIATION

P.O. Box 690451, Stockton, CA 95269-0451

SILVER LAKE FAMILY CAMP RESERVATION FORM FOR 2010

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: Home (____) ____ - ____ Work (____) ____ - ____ Cell (____) ____ - ____

Please check: () RESIDENT [Local address: _____] () NONRESIDENT

A resident is defined as anyone residing within, and/or owning property or operating a business within the City limits of the City of Stockton. List local address if different from above.

ARRIVING: Day _____ Date _____

First meal: B ___ L ___ D ___ Late Arrival ___

LEAVING: Day _____ Date _____

Last meal: B ___ L ___ D ___

PRE-RESERVED CAMPERS: Cabin(s) Reserved: _____ Nonrefundable Deposit Paid: \$ _____

() I have enclosed an additional payment of \$ _____ for a total of 50% of my reservation.***

NEW RESERVATIONS:

ALTERNATE DATES: (1ST) _____ (2ND) _____ (3RD) _____

CABIN REQUEST: 1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

(Cabin assignments are subject to availability.)

() I have enclosed a 50% deposit of \$ _____ to hold my reservation.***

I understand that the \$20 per night non-refundable deposit is included in my deposit.

CAMPERS: (In the age column, you may use "A" for adults over the age of 18 and "S" for senior citizens 65 and above.)

NAME	AGE	NAME	AGE
1.		4.	
2.		5.	
3.		6.	

***A deposit of 50% of the expected total for your stay is required to confirm your reservation.

The \$20 nonrefundable deposit per cabin for each night reserved is included in this amount.

You will be billed for the remaining balance, which will be due no later than June 1, 2010.

CANCELLATION POLICY:

**Campers who cancel part or all of their reservation before June 1st will forfeit their \$20 nonrefundable deposit for each night cancelled.

**Cancellations after June 1st but before July 1st will forfeit 25% of the reservation cost for each night cancelled.

**Cancellations after July 1st will forfeit 50% of the reservation cost for each night cancelled.

**Campers leaving camp early MUST check out with the Camp Manager and give their reason for leaving early in order to be considered for a partial refund.

Signature: _____ Date: _____

FOR OFFICE USE ONLY: Cabin(s) Assigned: _____ RECEIPT NO. _____

Received by: _____ Check number: _____ Date: _____