Shady Acres Resorts of Faribault & LeCenter 17759 W. 177th Street, Faribault, MN 55021 Fax (507) 334-8778

Application for Seasonal Camping

Fill out as completely as possible for consideration and return / fax to address / fax number above.

(All information will be kept confidential).

Tell us about yourself					
Name(s):	Phone(s):				
Address:	City: _	S	state:	Zip:	
Date(s) of Birth:	Birth: Name(s) and age(s) of children living at home:				
Any pets? If so, & they will be at the campground please list what breed, age and size:					
		(Guests	are not allov	wed to bring pets).	
Which Campground are your interested in (please circle):	Faribault	or	LeCenter	
Circle which describes how you would be using your camper at this resort:					
Weekend Use (Part Time)	Residence (Full Time)	On Occasi	ion (1/4 Time)	
Tell us about your camper					
Do you own your camper? If so,	describe: Make		Mode	el:	
Year: Any Slideouts? Any other special circumstances?					
Do you wish to purchase a camper on site? Who's / Site #:					
List 3 references. List persons/associates who can best attest to your financial status & overall responsibility:					
Name: Phone	e:	Association:		How long:	
Name: Phone	e:	Association:		How long:	
Name: Phone	e:	Association:		How long:	
Please tell us how you found us or if referred by someone, please tell us who:					
Please sign and date:					
For office use only					
Received by:	<u> </u>	Date:			
Conversation Notes:					
Resort Location:					
Give a copy of rules and Lease:	Price (Quoted:	Any	\$ Down:	
Meter reading of site:	Notes:				