

PLEASE RETURN BOTH COPIES

(FOR OFFICE USE ONLY)

NAME _____

ADDRESS _____

CITY & STATE _____ ZIP _____

TELEPHONE _____

NUMBER OF PERSONS: Adults _____
Children _____

	License No.	Make	Year	State
Car #1				
Car #2				

CHECK ONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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POINT FOLLY from noon of _____ to noon of _____
 WINDMILL HILL / / / /

Site Choices

- _____
- _____
- _____

- Will accept any campsite if choices are not available.
 If choices are not available, return my application.

Amount Enclosed

\$ _____

WHITE MEMORIAL FOUNDATION
 FAMILY CAMPGROUNDS
 LITCHFIELD, CONNECTICUT 06759

Date In _____ Site # _____

Date Out _____

Number of Nights **X** \$ _____ S _____

Advance Deposit \$ _____

BALANCE DUE and PAYABLE \$ _____

NOTICE TO GUEST

This property is privately owned. The camper accepts camping privileges with the understanding that he does hereby release the Campground, its officers and employees of all liability for loss or damage to property and injury to his person arising out of his use of its camping facilities, and agrees to indemnify the Campground, its officers and employees, against claims resulting from loss or damage to property or injury to the person of any member of the family or guest of the registered camper arising out of the use of its camping facilities.

I have read and agree to comply with all the Campground rules and regulations as posted in the office.

 Signature of Camper