

BLUE SKY RV PARK
413 EAST RELF
GLENDIVE, MT 59330

OUR MAILING
44 SCHMIDT LANE
GLENDIVE, MT 59330

FOR OFFICE USE ONLY

SPACE # _____

DATE: _____

PAYMENT MADE BY:

CASH _____ CHECK _____

CREDIT CARD _____

ARRIVE TIME: _____

DEPART TIME: _____

REGISTRATION FORM

Thank you for your interest in camping at Blue Sky RV Park. Please complete this form in its entirety and place the white copy with your payment in the drop box located on the back of the blue electrical board (below the American flag) in the center of park.

Check out time is 11:00 A.M.

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

DRIVERS LICENSE NO.: _____

VEHICLE DESCRIPTION: _____

(MAKE, MODEL, AND LICENSE PLATE NUMBER)

CAMPING UNIT DESCRIPTION: _____ FIFTH WHEEL _____ (FT _____)

TRAVEL TRAILER: _____ (FT _____) MOTOR HOME: _____ (FT _____)

DOGS: YES / NO IF YES HOW MANY: (Only two permitted) _____
(Circle one)

DOGS ARE NOT ALLOWED TO RUN AT LARGE. DISPOSABLE SUPPLIES ARE LOCATED BY PAYMENT BOX.

RATES

PER DAY(S) _____ X DAY(S) _____ TOTAL _____

PER WEEK(S) _____ X WEEK(S) _____ TOTAL _____

PER MONTH(S) _____ X MONTH(S) _____ TOTAL _____

GUEST SIGNATURE: _____

DATE: _____

I HAVE READ THE PARK RULES ON THE BACK OF THIS FORM AND AGREE TO ABIDE BY SAID RULES.