

STANTON LAKE • CAMPER SPACE RENTAL FORM

Arrival Date _____ Departure Date _____

Renter Name _____

Street Address _____

City, State, Zip _____

Full Hook-ups Number of Nights _____ X \$30.00 Total Amount Due _____

Tent Number of Nights _____ X \$ 5.00 Date Paid _____

Receipt # _____

- Reservations shall not be posted in the City rental calendar until the rental is paid in full.
- Check in time is 4:00 pm / Check out time is 2:00 pm
- There shall be no refund of the rental fees.
- Blocks must be used under all jacks.
- Do not park on grass areas.
- No open fires on the ground.
- No generators.

THE UNDERSIGNED HEREBY AGREES TO BE LIABLE FOR ANY AND ALL DAMAGES THAT OCCUR TO THE CITY OF FALLS CITY'S PROPERTY WHICH IS BEING RENTED AND AGREES TO PAY ANY AND ALL DAMAGES ASSESSED TO THEM BY ORDER OF THE CITY CLERK. THE RENTERS SHALL BE RESPONSIBLE FOR MONITORING ALL FUNCTIONS AND MAINTAINING ORDER AND DISCIPLINE BEFORE, DURING AND AFTER SAID FUNCTION.

Signature _____

Phone # _____ Date _____