

Leeman Field RV Park and Campground

Site # _____

Arrival date

Departure

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

Passport America Member # _____

Site charges:	#nights	Total
30 amp \$25/night	_____	\$_____
50 amp \$30/night	_____	\$_____
Tent \$10/night	_____	\$_____
Special \$_____/night	_____	\$_____
Weekly		\$_____
Monthly		\$_____
Pavilion		\$_____

Prepaid: _____ Cash: _____ Card: _____

We reserve the right to refuse service to anyone and shall not be responsible for accidents or injury or loss from any cause or property damage resulting from others, acts of God, or forces of nature.

Guest Signature: _____