

Email to Butterflycamp2107@gmail.com

Subject: Completed Questionnaire Attn: Melissa or Haley

	Full Names:					
	☆ Including:	Spouse	e/Partner			
	♦ Address:					
	City:					
	State:					
	Ziρ:					
♦ Contact Number:						
	Email Address:					
	Arrival Date:					
	Departure Date:					
	How many Adults:					
	☆ Adults = (18 yrs f	υρ)			
	How many Children:					
	\Rightarrow Child = (5	- 17 yr	rs)			
	How many Animals:		→ Type:		♦ Breed:	
	☆ Due to ins	surance,	Rottweilers, Dober	man, or any kind ot	f Staffordshire Terrier o	or those under the terr
	Pit Bull or	r mixed i	with these breeds ar	re NOT permitted	on our property.	
	Type of Cabin requesting: if applies					
	□ Bare Bone		□ Deluxe	□ Cottage		
	Sleeps 4 Max	S	Sleeps 4 Max	Sleeps 6 Max		
	Type of Camping Unit	t:				
	♦ Length: F		> Year:	♦ # of Slide	Outs:	
	Type of Site requesti	ng:				
	□ Sewer		□ Non Sewer			
	\square 30 amps \square 50 amps					
	\square Back in \square Pull?		•			
	# Of Vehicles expecti	ing to b	ring:			
†	Information is needed	for $E\$	ERY vehicle that	will be on premise	es	
	Year:					
	Make:					
	Model:					
	Color:					
	License Plate #:					
	Registered in what St	tate:				
	How did you hear abo	ut us?				
	Names of friends/fan	nily req	vesting to be near:			
Pl	ease Note: ****** W	e canN	<mark>IOT</mark> guarantee any	request for a sp	ecific site number!	
	****** Re	servati	ons are not comple	ete until a deposit	t has been received	