## **Pavilion Reservation Form**

Member Name:	nber Name: Lot #				
Pavilion:	Date	e/_		_/	
Payment Check #	Receipt #	‡			
I hereby agree to follow a Camplands, to be responsible for all damage pavilion. I will inspect pavilion to office or security	ible for all my es that may od ilion prior to u	guest ccur di use for	t, ar urin cle	nd be ng use of eanliness and	
Proper I.D. must be prese	nted at time o	of rent	al.		
I have read the above and and regulation and agree				-	
Member's signature					
Lot# Date	//				
Pavilion Inspected by					
Date/	_ Time	AI	М/	PM	
Deposit Returned Date : _			_		
Refund check#					
Notes:					