



VISITOR REGISTRATION FORM - COVID19 REGULATIONS

IMPORTANT: This form along with the attached Covid-19 Health Assessment form must be completed in its entirety and can be emailed before arriving to wwindscampground@gmail.com

Visitor Information:

Name: _____ Date Arriving: _____
Address: _____ Time Arriving: _____

Date Leaving: _____

Time Leaving: _____
Phone No.: _____
License Plate: _____

Name of seasonal camper you are visiting and their lot #:

Name: _____ Lot No: _____

As the above-noted visitor, I hereby verify that:

- I reside with the seasonal camper listed above; OR
- I am a member of above listed seasonal's ten person social circle

Visitor Fee: Fee is \$2.50 per day and \$5.00 to stay overnight – Three options to pay the fee are :

- Please charge the seasonal camper's lot account for the fee of \$ _____
- I will etransfer the fee of \$ _____ to wwindscampground@gmail.com
- I will pay the fee at the store when I arrive - Amount Paid - \$ _____

SIGNATURE

DATE