

RESERVATION REQUEST

River Park Phone: Off Season Phone: Email Address:

(906) 863-5101 (May-Oct) (906) 863-1737 (January-May) riverparkcampground@menomineemi.gov

NAME(S):				
ADDRESS:				
CITY:		STA	TE:	ZIP:
PHONE #:		EMAIL:		
	MPING PARTY OCC	_	_	n)
	A	Adults (18 years of a	ige and over)	
		Children (minor, und	er 17 years of	fage)
	F	Pet(s)		
ARE YOU PART	OF A RV CAMPING	GROUP: 1ES	NO	
MPING UNIT INFOR	List the RV camping of MATION: ONE CAM	group name you wo	uld like to be i	next to, if possible.
MPING UNIT INFOR	List the RV camping	group name you wo IPING UNIT/VEHICL	uld like to be i	next to, if possible.
MPING UNIT INFOR TYPE OF CAMP LENGTH OF CA	List the RV camping of the List the RV camping of the List the RV camping of the List the Lis	group name you wo	uld like to be i <u>E PER SITE</u>	
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THE CITY RESERVES THE RIGHT TO ASSIGN SITES, TO SET AND APPROVE ALL RATES, FEES, AND CHARGES.

This does not guarantee a reservation until you receive a confirmation back from campground office. Rates and opening/closing dates are subject to change without notice.

Camper's Signature:	
Camper's Signature:	