

CABIN/CAMP SITE/ ROOM NUMBER <b>River House #</b>
NUMBER OF OCCUPANTS:

<b>GUEST REGISTRATION FORM</b>		PLEASE PRINT	
NAME		DATE OF ARRIVAL	DATE OF DEPARTURE
CURRENT STREET ADDRESS		@3pm	@10am
		AREA CODE and TELEPHONE NUMBER (     )     -	
CITY	STATE	ZIP	
DRIVER LICENSE NUMBER	DATE OF BIRTH	VEHICLE LICENSE PLATE NUMBER	
METHOD OF PAYMENT: <input type="checkbox"/> CHECK			
MUST HAVE CREDIT CARD INFO FOR DAMAGE WAIVER (NO CHARGE UNLESS DAMAGES)			
ACCOUNT # _____		EXPIRATION DATE: _____	

THE UNDERSIGNED HEREBY AGREES TO PAY FOR ALL DAMAGES TO LODGING PROPERTY CAUSED BY HIM/HER OR HIS/HER GUESTS, AND FOR ALL ITEMS BELONGING TO THIS LODGING ESTABLISHMENT WHICH ARE FOUND TO BE MISSING AFTER THE UNDERSIGNED GUEST VACATES THE PREMISES.

THE UNDERSIGNED HEREBY AGREES THAT THE ABOVE NUMBER OF OCCUPANTS OR THE PAID NUMBER OF OCCUPANTS IS THE CORRECT NUMBER AND IF NOT AGREES TO BE EVICTED WITHOUT REFUND OR CHARGED FOR THE EXTRA GUESTS.

THE UNDERSIGNED ACKNOWLEDGES THAT THIS IS A SMOKE-FREE AND PET-FREE ESTABLISHMENT AND REPRESENTS AS FOLLOWS:

I HEREBY AGREE THAT NEITHER I NOR MY GUESTS WILL USE SMOKE-CAUSING TOBACCO PRODUCTS DURING MY/OUR STAY AT THIS ESTABLISHMENT AND IF SO AGREE TO BE EVICTED WITHOUT REFUND AND CHARGED FOR SERVICE TO REMOVE SMOKE DAMAGE.

I HEREBY AGREE THAT NEITHER I NOR MY GUESTS WILL BRING OR HAVE ANY PETS DURING MY/OUR STAY AT THIS ESTABLISHMENT AND IF SO AGREE TO BE EVICTED WITHOUT REFUND AND CHARGED FOR SERVICE TO REMOVE PET ODOR AND DAMAGE.

\_\_\_\_\_  
GUEST SIGNATURE

\_\_\_\_\_  
DATE