

Rate Schedule:

Season (April 1st – September 30th) = \$50.00

2 Day = \$5.00

3 Day= \$7.50

7 Day= \$18.00

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ HRGC Member #: _____

Fax: _____ Phone #: _____

Date In: _____ Date Out: _____

Payment Method:

If paying by check please include check number on this application.

Amount Paid: _____ Cash/Check #: _____

Signature of Applicant: _____

Club Use Only:

Site Number(s) Assigned: _____

Chairman's Signature: _____