



RV SITE RENTAL APPLICATION

Please email completed application form to: gardenbayresort@gmail.com

1 Name _____ Address _____

Email _____ Tel. _____ Driver's License _____

SIN _____ Birth Date _____ Employment Status _____

Employer Contact Info _____

2 REFERENCES: Name _____ Tel. _____

Name _____ Tel. _____

2 Name _____ Address _____

Email _____ Tel. _____ Driver's License _____

SIN _____ Birth Date _____ Employment Status _____

Employer Contact Info _____

2 REFERENCES: Name _____ Tel. _____

Name _____ Tel. _____

How much time do you plan on spending at the RV resort on an annual basis?

How many people will use the RV on a regular basis and are there any children?

RV INFO: Year _____ Make _____ Model _____ Length _____

List your preferred top 3 RV spots in order of choice: 1st _____ 2nd _____ 3rd _____

Number of pets & description _____

Do smoke cigarettes and / or marijuana? YES NO *We want to keep smokers & non smokers separated*

OTHER PREFERENCES

(Check all that apply)

Boat Storage

Need more than 1 vehicle spot

Garden

Deck/Shed Space

1 Signature _____ Date _____

2 Signature _____

This application consents Garden Bay RV Resort to perform a credit check.

