

# West Pike Inn

P.O. Box 506

St. Clairsville, OH 43950

740.782.1715

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## One (1) Form Per Campsite

### 2018 West Pike Inn Camping Reservation

Please return this form with your check or money order as soon as possible.

Reservation Name: \_\_\_\_\_ Group (if applicable): \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Arrival/Check-In: \_\_\_\_\_

*\*On or after Friday July 13, 2018*

*Your reservation is NOT guaranteed unless you fill in the size of your camping accommodation.*

Motor Home Size: \_\_\_\_\_ Pop Up Size: \_\_\_\_\_

Pull Trailer Size: \_\_\_\_\_ Tent Size: \_\_\_\_\_

Campsite: \_\_\_\_\_ x \$50.00 = Amount of deposit sent: \$ \_\_\_\_\_ (No credit cards for deposits)

**Names of Additional Campers:** Campsite includes **1 parking pass** and **2 wristbands**. Each **additional wristband** is \$40/person and each **additional parking pass** is \$65, good for the duration of your stay.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

#### **For Office Use Only:**

Campsite: \_\_\_\_\_ Electric: \_\_\_\_\_

Number of Additional People: \_\_\_\_\_ Number of Additional Parking: \_\_\_\_\_

Total: \_\_\_\_\_

All persons camping/parking/visiting the West Pike Inn and/or campgrounds do so at their own risk. No liability will be assumed by West Pike Inn, LLC, the owners, staff or others. No liability or responsibility is assumed for any lost, stolen, or damaged property. All West Pike Inn campers must wear designated wristbands at all times.

My signature acknowledges that I have read and understand the attached information. I also understand that I am responsible for all campers and campsites on my reservation form and for making sure that they are aware of, understand and abide by all rules and regulations. **ANYONE DISREGARDING ANY RULE OR REGULATION WILL BE ASKED TO LEAVE THE PROPERTY IMMEDIATELY WITHOUT REFUND.**

Sign and return with deposit: \_\_\_\_\_