



222 Main Ave West / PO Box 387. Frazee, MN 56544 | Office: 218-334-4991 | Website: www.frazeecity.com

Full RV Site: \$30/night
Primitive: \$10/night

CAMPGROUND RESERVATION FORM

DATE(S) REQUESTED

Arrival Date: _____

Departure Date: _____

Total Number of Nights _____

Payment Amount Enclosed: \$ _____

CONTACT INFORMATION

Name(s): _____

Mailing Address: _____

Contact Number: _____

Email: _____

VEHICLE DESCRIPTION

Vehicle (Make/Model): _____

License Plate: _____

Number of people in party: _____

Pet(s): _____

Rabies Vaccine Expiration Date _____

Rabies Vaccine Tag # _____

I AGREE TO RELEASE, DEFEND, AND INDEMNIFY THE CITY OF FRAZEE, THEIR EMPLOYEES AND ELECTED OFFICIALS OF ALL LIABILITY RELATED TO ACCIDENTS OF INJURIES WHICH MYSELF OR MEMBERS OF MY FAMILY OR FRIENDS MIGHT INCUR WHILE STAYING AT FRAZEE'S MUNICIPAL CAMPGROUND. I ALSO AGREE THAT I AM RESPONSIBLE TO LEAVE THE CAMPGROUND IN THE SAME WAY I FOUND IT WHEN I ARRIVED.

Signature

PLEASE FILL OUT AND RETURN THIS FORM WITH YOUR NON-REFUNDABLE PAYMENT.