

CAMPING BY PERMIT ONLY & RECEIVING A KEY TO WHITT-RIVERBEND PARK

1. Camping fee is \$3.00 per person per day. Campers are responsible for placing their permit at their campsite and inside their vehicles. Those parking without a Camping Permit will be subject to an additional surcharge fee of \$50 and must move their vehicle to an appropriate parking area. Anyone violating the rules will be evicted from the Park.
 2. A refundable deposit of \$30.00 is required for the key to the gate. This will allow your party to drive to the camping area and park in designated parking area as per permit allows. At time of Reservation Parking Permits will be issued. The gate must be locked back after your party has entered.
 3. Key must be returned 48 hours after event. If key is not returned within the 48 hours there will be a charge of \$5.00 a day.
 4. Check out time is NOON.
 5. Bottled Water is provided. Would you like to purchase water? Yes No
- In case of emergency, contact Giles County Sheriffs Office at 911. Non-Emergency number is (540) 921-3842.**

Questions may be directed to the Town of Pearisburg at 921-0340 during office hours.
(Monday-Friday, 9 a.m. to 5 p.m.)

By signing and dating below you are stating that you agree to the above Statements and have been given a copy of the Camping Rules for Whitt-Riverbend Park Adopted by Town Council on April 13, 2010 and have read and understand the Camping Rules.

Signature: _____ **Date:** _____

| | |
|--|------------------|
| Date(s) Camping & Key being used: _____ | Camp Site: _____ |
| Key No: _____ Should be returned on: _____ | |

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|---|
| Key Returned on: _____ |
| <input type="checkbox"/> Drop Box |
| <input type="checkbox"/> In Person |
| <input type="checkbox"/> By Mail |
| Deposit Returned on: _____ |
| (Key Returned ___ days late a charge of \$ ___ was taken from the \$30 deposit) |

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| <u>APPLICANT FEES:</u> |
| _____ \$Camping Fees (\$3 x _____ x _____) <div style="text-align: center; font-size: small;"> Campers Nights </div> |
| Check No: _____ or Cash: _____ |
| _____ \$30 Deposit in Cash _____ \$30 Deposit by Check No: _____ |
| \$ _____ Total Amount Paid |

| |
|---------------------------|
| Name of Individual: _____ |
| Address: _____ |
| _____ |
| _____ |
| Phone Number: _____ |
| _____ |