



Fairbanks Community Center
 6535 W Market St
 Fairbanks, IN 47849
 812-394-5438

Camper Registration Form

Thank you for your Interest in camping at Fairbanks Community Center (L.I.F.T).

Please complete this form in its entirety.

For Mail-in reservations please complete this form in its entirety and return to: LIFT
 6535 W Markets St
 Fairbanks, IN 47849

Rates:
 Camper/Tent with electric hook up - \$20.00 per night
 Efficiency Rooms Inside - \$15.00 per person per night
 Camper/Tent left with no occupancy is \$5.00 fee per night

Payment for Camping can be made by:
 Cash, Check, or Money Order. Make Checks Payable to: LIFT.

Name: _____ Hunting For: _____

Address: _____ Returning Camper: Yes _____ No _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Vehicle Description: _____ Vehicle Color: _____

Camping Unit Description: ___ Tent ___ Travel Trailer ___ Motor Home ___ Efficiency Room

Check in Date: _____ Check out Date: _____

By signing this registration form, I certify I have read and understand the Rules and Regulations for Life in Fairbanks Township Community Center, and agree to abide by those Rules and Regulations while at the Center. I further understand and agree that Life in Fairbanks Township Community Center, nor any of its employees or volunteers shall be liable or responsible in any way for injury, damage, liability, loss or expense resulting to the Center Users and/or any guest brought on to the premises by said Center User due to accident, mishaps, misconduct, negligence, or injuries, either in person or property.

Signature of Park Guest: _____ Date: _____

Please note that reservations is not recorded nor secured until full payment has been received and receipt for said payment has been issued to Center User. No refunds will be given on cancellations. After payment is received, if requested lot is not available, you will be assigned next closest site. If campground is full, you will be notified and your payment returned in full. Non-sufficient Fund Check Return Policy – If your payment is made by check and the payment is returned as NSF, you will be assessed a \$25 penalty fee and your reservation will be cancelled until payment is made in full.

FOR OFFICE USE ONLY:

Number of Nights: _____ Assigned Site #: _____

Payment Form: _____ Amount Paid: _____

