

DEERHAVEN CAMPGROUND, INC. CAMP USER FORM

CAMP EVENT _____

EVENT DATES _____

Please let us know how many people attended your event:

1st day ____ 2nd day ____ 3rd day ____ 4th day ____ 5th day ____ 6th day ____ 7th day ____

Charges to the camp:

Copies # x .10 = _____

Linens \$4 per set = _____

Laundry \$2 per load = _____

Damage/replacement _____

Other _____

TOTAL _____

This report is confirmed by: _____

Please print name: _____

Address: _____

Phone #: _____

Make all checks payable to: Deerhaven Campground, Inc.

Mail to: Debbie Bartlett
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Winter Springs, FL 32719-6262
fmcbartlett@aol.com