

**LAPOA Campground Reservation Form – Daily / Weekly**  
**Form must be completed and signed by LAPOA Member (and guest)**

Camper Name \_\_\_\_\_  LAPOA owner  Guest

Contact Phone Number \_\_\_\_\_

Owner Name (if different than above) \_\_\_\_\_

LAPOA Lot #, Address or Property Tax # \_\_\_\_\_

RV plate # and/or description \_\_\_\_\_

**Daily Camping Rate: \$20 / night** \_\_\_\_\_ **Weekly Camping Rate: \$120 / 7 nights** \_\_\_\_\_

Camping From (date) \_\_\_\_\_ To (date) \_\_\_\_\_ Assigned Lot # \_\_\_\_\_

Total Nights\* \_\_\_\_\_ Total Cost \_\_\_\_\_

**Check in time: 12 noon of first day** until **Check out time: 12 noon of last day**

\*Maximum of 4 consecutive weeks allowed on one Lot. Units staying over 4 weeks must relocate as availability allows. Storage is available for \$25/month.

Contacts: Campground Manager at Lot #28 or [Campground@lapoa.com](mailto:Campground@lapoa.com) or LAPOA office.

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Campground Rules can be printed from [www.lapoa.com](http://www.lapoa.com) or requested at [LAPOAoffice@gmail.com](mailto:LAPOAoffice@gmail.com), or requested at time of registration. The Rules are also posted on the CG Bulletin Boards. I have read the Campground Lease Agreement and the Campground Rules. I agree to comply with all that I have read. Further, that I hold LAPOA Parties harmless for any and all damages, losses, incidents, accidents, or claims related to this Lease Agreement and use of the Campground by me, my family, or guests. Simply put, I agree to release LAPOA Parties from all claims related to this Lease Agreement to the fullest extent permitted by law.

I \_\_\_\_\_, as a member in Good Standing of the Lake Arrowhead Property Owners Association (LAPOA), will be responsible for any and all rules of the LAPOA Campground during the reservation.

For Self \_\_\_\_\_

And/or Guest \_\_\_\_\_

**Owner's Signature** \_\_\_\_\_

**Camper's Signature** (if different than above) \_\_\_\_\_

**Office Use:**

\_\_\_\_\_ Member in Good Standing      \_\_\_\_\_ Signature of Member (and Guest complete)      \_\_\_\_\_ Fee Received

Cash Receipt # \_\_\_\_\_       Check # \_\_\_\_\_       Other \_\_\_\_\_