2025 QUESTIONAIRE

PLEASE MAKE CHANGES TO THE INFORMATION LISTED BELOW IF INCORRECT.

THIS FORM MUST BE RETURNED WITH YOUR PAYMENT TO RECEIVE YOUR STICKERS.

CECO	PRIMARY PHONE #		
NAME	SPOUSES NAME		
ADDRESS	BIRTH DATE		
		EMAII	L
YOUR EMPLOYER/OCCUPATION			RED FROM
YOUR UNMARRIED CHILDREN LI	VING WITH YOU	<u> </u>	
Name & Age	Name & A	<u>ge</u>	Name & Age
			JR UNMARRIED CHILDREN LIVING WITH YOU
PLEASE INDICATE WHICH TWO VEH OWNER		ETHE TWO DECA	
CAMPING EQUIPMENT/ MAKE		<u>LENGTH</u>	CAMPING LOCATION (CHECK ONE)
		_	NUMBERED SITE
		_	NORTH SIDE SITE
		_	SOUTH SIDE SITE
BOATING			
			RM IS ENCLOSED. YOU WILL RECEIVE ALONG WITH PROOF OF INSURANCE.
☐ NO - I DO NOT OWI	N A BOAT		
UNLICENSED VEHICLE ATV/G	OLF CART		
			ORM IS ENCLOSED, INSURANCE DLICY IS ATTACHED.
□ NO - I DO NOT OWN	AN ATV/GOLF	CAR	