



Pierre's Campground Seasonal Campsite Application 2025
2569 Campground Rd, Salmon Arm, BC V1E 3A2



Name _____ Date of Birth _____

Phone # _____ Email _____

Current Address _____ City _____

Additional Occupants

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Trailer size _____

Pets? Yes / No How Many? Describe _____

Smoking? Yes / No Describe _____

Boats? Yes / No Describe _____

Vehicle Information

Make _____ Model _____ Year _____

License Plate # _____



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Were you referred to the campground by an existing Seasonal? _____

References

Name _____ Phone # _____

Relationship (*previous employer, landlord*) _____

Name _____ Phone # _____

Relationship (*previous employer, landlord*) _____

Name _____ Phone # _____

Relationship (*previous employer, landlord*) _____

I hereby state the information contained herein is true and I authorize by References as listed above to release information regarding this application.

Signature _____ Date _____