



Individual Cabin Camping Application

Personal Information

Name: _____ SSN#: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Email Address: _____
Telephone Number (daytime): _____ (cell): _____
Automobile Tag #: _____ Make & Model of Car: _____

Reservation Information

Dates Requesting: _____ to _____
Arrival Date (mm/dd/yy) *Departure Date (mm/dd/yy)*
Number of People Camping: _____ Number of Cabins Requesting: _____
Cabin Size Desired: 4 person - \$30.00 6 person - \$40.00 10 person - \$50.00

To Be Filled Out By Ranger

Cabin Number(s) Assigned: _____
Amount Due: _____ Amount Paid: _____ Check/Credit Card #: _____

- Individual Cabin fees must be paid in full at the time of reservation.
- Cabins will not be held without payment.
- 10 person cabins must be reserved in advance.
- 4 and 6 person cabins are available on a first come/ first served basis if not reserved.
- If you wish to cancel your reservation and receive a refund, you must do so at least two weeks prior to your encampment.

Please mail or fax your application to: Prince William Forest Park
ATTN: Cabin Camping
18100 Park Headquarters Road
Triangle, VA 22172
Fax #: (703) 221-4322



Prince William Forest Park

Credit Card Billing Information for Individual Cabin Camp Payments

Please mail or FAX Credit Card Billing Information to: Prince William Forest Park
703-221-4322 FAX 18100 Park Headquarters Road
Triangle, VA 22172

Reservation Name: _____ Date of Encampment: _____

Name on Credit Card: _____

Card Holder Authorization Signature: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers (home): _____ (cell): _____

Federal Taxpayer I.D. or Social Security Number: _____

Amount to Billed to Credit Card:

4 Person Cabin # nights x \$30 = _____ 6 Person Cabin # nights x \$40 = _____

10 Person Cabin # nights x \$50 = _____ **TOTAL CHARGE:** _____

Credit Card Information (please circle):

American Express Discover Mastercard Visa

Credit Card Number (xxxx xxxx xxxx xxxx): _____

Expiration Date (xx/xx): _____

Credit Card Security Code (last 3-4 digit number on back of card): _____

For Agency Use Only

Confirmation Number: _____

Prepared By: _____ Date Processed: _____

CC Authorization #: _____