## Group Reservation Application

Los Angeles RV Resort

7601 Soledad Canyon Rd. Acton, CA 93510 Tel: (661) 268-1214 Email: infoactioncamp.cc



	1. Date of Application:	Name of	Event				
	/ /	Event	Туре				
	. Name of Applicant ( Last, First) or Name of Agent		Phone:				
	Address of Applicant:	City:	State:	Zip:			
	Email Address:						
	3. Name of Group/ Organization:		Phone:				
	Address (if different):	City:	State:	Zip:			
	Is this non-profit? Yes 🗆	Date of Arrival:	Date of	f Departure:			
	No 🗆	/ /		/ /			
ĺ	4. Which type would you like to reserve? And Estimated Number of Participants.						
	Tents Sites 🗆 : Adult (	) Children (4-17 yrs old) (	) Childro	en (3 & under) (	)		
	RV Sites 🗆 : Adult (	) Children (4-17 yrs old) (	) Childro	en (3 & under) (	)		
	Tipis 🗆 : Adult (	) Children (4-17 yrs old) (	) Childre	en (3 & under) (	)		
	Cabins 🗆 : Adult (	) Children (4-17 yrs old) (	) Childr	en (3 & under) (	)		
	6. Interested Activities:						
	🗆 Swimming (free) 🛛 (Bicycle (\$10/hr) 🗆 Pedal Carts (\$10/ 30 min) 🗆 (Fire Ring (\$30/1 night) 🗆 Movie Night (free)						
	Please note that our Check-in time is 2:00 pl	m or later and Check-out time is 11:00 am	for Tents/	RVs. Check-in time is 3	:00 pm for		
	Cabins and Tipis. When making a contract, we also request your copy of liability insurance for group camping and your signed						
	Safety Regulation Form along with the Cont	ract form. If there are any questions, please	e call the c	office at (661) 268-121	4		

## \*\*\*Please mail this application or send it via email (info@actioncamp.cc)

OFFICE USE ONLY	Office Staff Name:	Date Received:			
pplication 🗋 Approved 👘 Denied (Reason)					
Requested Group Contract with Deposit?  Yes Date:					
Memo:					