

DATE: _____



STAFF INITIALS: _____

CARR POINT RV PARK RESERVATION FORM

FIRST & LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

EMAIL: _____

MILITARY STATUS: **ACTIVE DUTY** **RETIRED** **DOD CIVILIAN**

BRANCH: _____ GRADE: _____ RANK: _____

DATES REQUESTED: _____

**(CARR POINT RV PARK IS OPEN FROM MEMORIAL DAY WEEKEND THROUGH OCTOBER.
THERE IS A MAXIMUM STAY OF 14 DAYS, AND SIX SITES THAT INCLUDE WATER AND ELECTRICITY.)**

SITE PREFERENCE: _____

CREDIT CARD TYPE: **MASTERCARD** **VISA** **AMERICAN EXPRESS** **DISCOVER**

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV SECURITY CODE: _____ ZIP CODE: _____

**FOR MORE INFORMATION, CALL COASTERS HARBOR ISLAND MARINA AT (401) 841-3283, MONDAY-FRIDAY, NOON TO 5 P.M.
EMAIL THIS FORM TO MWRNPTRV@GMAIL.COM.**