

**CAROLINA COASTERS
MONTHLY CAMPOUT**

DATE OF CAMPOUT _____

WAGONMASTER _____

TELEPHONE NUMBERS _____

ADDRESS OF CAMPGROUND _____

PHONE NUMBER OF CAMPGROUND _____

RESERVATIONS: CAMPGROUND OR WAGONMASTER

DEPOSIT? BY WHEN? AMOUNT? TO CAMPGROUND OR WAGONMASTER

ACTIVITIES MEALS ENTERTAINMENT ADDITIONAL INFORMATION

**FOR A SUCCESSFUL CAMPOUT AND TO INSURE CORRECT
INFORMATION, PLEASE RETURN COMPLETED FORM TO THE
SECRETARY FOR INCLUSION IN THE NEWSLETTER**