



4170 Needles Hwy, Needles, CA 92363
760-326-0333 FAX 760-326-0337
www.thepalmsriverresort.com

RV RESERVATION INFORMATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____ CELL: _____

E-MAIL: _____

DATES REQUESTED: _____

RV TYPE: _____ RV _____ 5TH WHEEL _____ TOY HAULER

YEAR: _____ SIZE: _____

CAR MAKE: _____ YEAR: _____ LICENSE#: _____ ST: _____ COLOR: _____

DRIVER'S LICENSE _____ ST: _____ EXPIRES: _____

NO. OF PETS: _____ BREED: _____ MALE: _____ FEMALE: _____

NAMES/BIRTH DATE OF EACH OCCUPANT:

NAMES

1. _____ BIRTHDATE _____
2. _____ BIRTHDATE _____
3. _____ BIRTHDATE _____
4. _____ BIRTHDATE _____
5. _____ BIRTHDATE _____
6. _____ BIRTHDATE _____

EMERGENCYCONTACT #1: _____ TEL: _____

EMERGENCYCONTACT #2: _____ TEL: _____

LIST OF ALL GOLF CARTS, ATVS, MOTORCYCLES, BOATS, PERSONAL WATERCRAFT ETC, INCLUDING LICENCE PLATE NUMBER'S AND INSURANCE.

- 1. _____
- 2. _____
- 3. _____

Cancellation Policy:

All cancellations will incur a minimum \$15 cancellation fee.

Daily – 48 hour notice or full deposit will be forfeited

Weekly – 7 days in advance or full deposit will be forfeited

Holiday or Event Weekends – 2 weeks in advance or full deposit will be forfeited

Monthly – 30 days in advance or full deposit will be forfeited

I understand and agree to the cancellation policy.

DATE

SIGNATURE

DATE

SIGNATURE

NAME AS IT APPEARS ON THE CARD: _____

CARD TYPE: MC VISA AMEX DISCOVER

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ AUTHORIZATION CODE: _____

BILLING ADDRESS: _____

CONTACT NUMBER: _____

SIGNATURE: _____ DATE: _____

I AUTHORIZE PALMS RIVER RESORT TO CHARGE \$_____ FOR MY DEPOSIT AND ANY ADDITIONAL CHARGES THAT I INCUR DURING MY STAY.