

Seasonal Camping Application – Fanshawe Conservation Area

Interested Permit Holder Information

Name:

Address:

Phone Number:

E-mail Address:

Electrical Options Non Electric 15amp 30amp 50amp

Preferred Sites: 1st choice _____ 2nd choice _____ 3rd choice _____

Trailer Information

Make:

Year:

To complete your application please **send a few photos of the outside of your trailer** along with a picture or **copy of your photo ID, proof of ownership and insurance** to

fcaseonalapp@thamesriver.on.ca

If any of the above documents are missing or incomplete the application will not be approved.

For Office Use Only

Date of Application Review _____ **Reviewer Initials** _____

Check when proof of each is shown:

Photos ID Insurance Ownership(same name as ID)

Site:

Parking Appointment: Date _____ Time _____