



•1475 Lakeview Rd West Bend, WI •Phone 262-675-6511 •Fax 262-675-9120
www.lazydays-campground.com

Trailer Rental Damage Agreement

I _____

Print First and Last Name

Agree to pay for any damages above and beyond normal wear and tear,

done to the _____ Trailer Site # _____ By my camping party

Trailer Name

during my stay from ____/____/____ to ____/____/____

Check-In

Check-out

All Fields Required

Name (1) _____ DOB ____/____/____
First Middle Last

DL# _____ Phone Number _____

E-Mail _____ Plate # _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Date ____/____/____
Please sign full name

Lazy Days Campground Rep. _____ Date ____/____/____