

Clute Memorial Park & Campground

155 S. Clute Park Drive
Watkins Glen, NY 14891
Phone (607) 535-4438
Fax (607) 535-7621
e-mail: parksdept@watkinsglen.us

Camping Reservation Request for 2019

Reservations will not be accepted unless postmarked on or after January 1, 2019. Only written reservations will be accepted for the month of January 2019. After February 1st, written, phone and walk-ins will be accepted. (Reservations will not be opened until January 9, 2019).

Please Note: Rates Are Subject to Change / Specific Site Request Is Not Guaranteed

Today's Date: _____

Name: _____

Address: _____

Street

City

State

Zip

Telephone number: _____ Email: _____

Date of Arrival: _____ Date of Departure: _____

Type of camper unit: ___RV (____length) ___Trailer (____length) ___5th Wheel (____length)
_____Pop-Up _____Tent _____Slide out(s) _____Other

Hook-up Requested: _____ Electric, Water, Sewer, Cable _____ No Hook-up

Number in Party: _____Adults _____Children (12 and under)

We would like to camp next to: _____

A 3 night deposit is due before the reservation is put on file

2019 Rate Schedule:

Camping: Day Week Month

E/W/S \$60 \$350 \$850

Tent/Open \$30 \$150 N/A

July/August \$1100

Rates are for four (4) persons

Additional persons: 12 and under Free

13 and over \$4.00 per day

Check-in time is
2:00 pm
Check-out is
12 noon

Rates are for up to 4
persons per site.
Additional persons 13 yrs
and over pay \$4 per day.
13 yrs and under stay free.

****2019 rates are not guaranteed for the 2020 season****

Refund Policy: A full refund, less a \$25.00 handling fee will be given with a minimum 14 day cancellation notice. A less than 14 day notice will result in camping credit, less the \$25.00 handling fee, to be used during the current camping season.

For Office Use Only

Amt Paid: \$_____ Receipt # _____

Paid by: ___Cash _____ Check # _____

Date Paid: _____ CC# _____

**Make Cheks Payable to: Village of Watkins Glen
WE ACCEPT VISA OR MASTERCARD**