

# Salty Acres Campground Seasonal Application

277 Mills Road, Rt. 9  
Kennebunkport, ME 04046  
saltyacrescampground.com  
Phone: 207-967-2483  
Fax: 207-967-2912

**PLEASE NOTE:** This form **MUST** be completed and mailed or faxed to Salty Acres Campground in order for your family to be considered for a seasonal site. If you have previously asked to be placed on the waiting list, you must send this form in order to be considered.

Please name adults (including yourself) and dependant children (**living at home, under age 18**) that will be occupying your site.

Adult Name \_\_\_\_\_

Adult Name \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_

Have you been a seasonal at another campground? \_\_\_\_\_ No \_\_\_\_\_ Yes (please give details below)

Where? \_\_\_\_\_ When? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

How did you hear about Salty Acres? \_\_\_\_\_

Have you stayed at Salty Acres before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Do you have any friends or relatives that are seasonal guests at Salty Acres? \_\_\_\_\_ No \_\_\_\_\_ Yes

Do you currently own a trailer? \_\_\_\_\_ No \_\_\_\_\_ Yes (please complete the section below)

Trailer Information: **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_

**Serial #** \_\_\_\_\_ **Length** \_\_\_\_\_ **# of Slide-outs** \_\_\_\_\_

Do you have a pet? \_\_\_\_\_ If so, what is the breed and age? \_\_\_\_\_

Is there any other information you feel is relevant in considering your application? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Your Current Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Your Phone Numbers

Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in Salty Acres Campground. You will be notified as soon as we have reviewed your application.