

# Customer Detail Form

*Please have available your Drivers' License and ANNR or TNS Card*

Is this your first visit to Valley View? \_\_\_\_ yes \_\_\_\_ no

## **Fill out the information below:**

Last Name (s): \_\_\_\_\_ First Name (s) \_\_\_\_\_

Number of Adults \_\_\_\_ Number of Children \_\_\_\_ Number of Pets \_\_\_\_\*

\*Present current vaccination records

Address: (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_ (zip) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ (state) \_\_\_\_

## **Vehicle info:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Year: \_\_\_\_\_

Use the back for additional vehicles

License Plate Number \_\_\_\_\_ State \_\_\_\_\_

## **Camper info:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number \_\_\_\_\_ State \_\_\_\_\_

\*\*\*\* **I have read, understand, and will abide by the Rules of Conduct (under Registration Forms).**

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Signature 1

Signature 2