

**PORT OF SIUSLAW
CAMPGROUND HOST APPLICATION**

NAME(S) OF HOST(S): _____

STREET ADDRESS: _____

CITY, STATE & ZIP: _____

Phones w/Area Code: _____

Email Address: _____

Number of people who will be residing in the Campground Host Site: _____

Any Pets? _____

Description of Skills & Experiences relevant to this position: _____

Type of Camping Unit: Camper_____ Trailer_____ Motorhome_____

Length of Camping Unit: _____ Year Manufactured _____

How soon can you start? _____

How long are you interested in being a Host? _____

How long have you lived in the Florence area? _____

Why are you interested in being a Camp Host?

Please list two references we may contact about you.

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____

Other Comments:

Signature(s)

_____ Date _____

_____ Date _____

Mail Application to:

Or Email to:

**Port of Siuslaw
P.O. Box 1220
Florence, OR 97439**

Kelly@portofsiuslaw.com

Deadline: