Nova Scotia Guides Association Seasonal Campsite Waiting List Application

FAMILY INFORMATION				
Name:	Civic Address:			
Telephone:	City, Postal Code	2:		
Name:	Email:			
Telephone:				
TRAILER INFORMATION				
Type: Travel Trailer 5	h Wheel 🗌 Motorhome Y	Year: Length:	No.of Slides:	
CAMPING INFORMATION				
1. Have you camped at Hibernia Campgre	und before?YesNo If so	o, when?	-	
2. How did you hear about Hibernia Cam	oground?			
Do you have any relatives/friends that	are seasonal campers at Hibernia	Campground?Yes	5 <u>No</u>	
If so, who:				
4. Have you been a seasonal camper at a	other campground?Yes	No		
If so, when:				
Reason for leaving:				
5. Do you have a pet(s):YesNo If so, list types:				
Is there any other information that yo	a feel is relevant in considering yo	our application?		

SIGNATURE: ______ DATE: ______

(By signing this application, I am giving the executive of the Nova Scotia Guides Association the authority to perform a reference check based on the above information as provide by me.)

A Criminal Record Check and Child Abuse Registry must be attached to your application.

All applications are subject to final approval by the executive of the Nova Scotia Guides Association, Hibernia Campground. We reserve the right to decline any application. For both safety and appearance purposes, each RV is subject to final approval by the executive of the Nova Scotia Guides Association, Hibernia Campground.

This is a non-binding application. Your application will be filed by the date you applied. If you are contacted by phone and/or email and fail to respond within 3 days, we will move to the next name on the list and your name will be removed from the waitlist. If you "pass" on an opportunity to claim a seasonal campsite, your name will be removed from the waitlist.

Your completed application <u>must</u> be mailed to:		
Nova Scotia Guides Association		
PO Box 641		
Liverpool, NS B0T1K0		
APPLICATION IS VALID FOR ONE YEAR ONLY		
Date Received:	Decision: Approved Denied	