

# HAUNT-ON PARKING PERMIT

DRIVER'S NAME \_\_\_\_\_

PACK # \_\_\_\_\_

Date of Visit 10/27/2017-10/29/2017

Cell Phone Number \_\_\_\_\_

**FILL OUT THE ABOVE INFORMATION UPON ARRIVAL IN CAMP**

**BE SURE TO KEEP YOUR CAR KEYS WITH YOU AT ALL TIMES  
PLACE IN CLEAR VIEW ON INSIDE LEFT DASHBOARD**

**ALWAYS PARK FACING OUT  
IF YOU NEED TO LEAVE DURING THE WEEKEND PLEASE PARK ON  
HIGHWAY**

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