

Request Form

Fort Getty Park

P.O. Box 377

Jamestown, RI 02835

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****Requests will not be taken before January 1, 2009****

(Please Print Clearly)

Name: _____

Street Address: _____

City/Town: _____

State: _____ Zip Code: _____

Phone: () _____ Cell #: () _____

Site #: _____

Date Arriving: _____ Date Departing: _____

RV or Tent

RV Plate #: _____

Signature X: _____

- **ALL PAYMENTS ARE NON-REFUNDABLE.**
- **ALL SITES MUST BE PAID IN FULL & RECEIVED 10 DAY PRIOR TO THE RESERVATION DATE.**