

SCRCA RV & Campsite Transfer Form (Must be Approved by Superintendent/Designate Prior to Purchase)

Date:	
Conservation Area: _	Campsite number transferred:
RV / Campsite trans	fer to:
	Name(s):
	Address:
	Postal Code:
	Phone #(s):
	Email:
the above Purchaser been negotiated into	(Current Seasonal Site Tenant) to sell our trailer and hereby agree to transfer my/our seasonal campsite to for the (remainder of the) 20 season. Any campsite fees paid have the sale price of my/our trailer and the St. Clair Region Conservation ader no obligation for any financial responsibility associated with the sale of empsite transfer.
Annual Campsite Fo	ee Paid: \$ Staff Initial:
Annual Campsite Fo	ee Owing: \$
Additional Fees Pai	d: \$
above seasonal camp require modification	(Purchaser) wish to occupy the site upon purchase of the trailer. We understand that the campsite may so to be compliant with SCRCA Seasonal Camping Rules and Regulations the the following modifications within one year of the above date. Staff Initial:
	ponsible to provide SCRCA with proof of liability insurance immediately he trailer and sign a current Seasonal Camper Licence Agreement Waiver.
Vendor's signature:	
Superintendent's/De	signate signature:
Purchaser's signature	e: