



NORMANDY FARMS

family camping resort

2021

72 West St. Foxboro, MA 02035 | (866) 673-2767 | Fax (508) 543-7667 | Email camp@normandyfarms.com | normandyfarms.com

CREDIT CARD AUTHORIZATION FORM

I authorize Normandy Farms Campground to keep my signature on file to charge my credit card for payment.

- I understand that if I decide to cancel a reservation, I must contact the Reception Center two weeks prior to my scheduled arrival date. If I have a weekly reservation in the summer, I must submit one month's notice prior to my scheduled arrival date (cancellation policy does differ with rental units and seasonal packages).
- I know that each cancelled reservation results in a \$25 processing fee. In addition, if I do not comply with the cancellation policy (specific time frame for notification), my account will be charged additional funds.
- I understand that when I give less than the required notice, I will be responsible for the site fees.**
- I am aware that reservations made for seasonal packages, rental units, or any reservation that is more than 21 days, cannot be held with my Credit Card Authorization, an actual deposit must be paid.
- I understand that if I would like to book multiple sites for the same time period, my membership only guarantees my site. My camping friends would need to claim and secure their site within one week from the date the reservation is made.
- I am aware that the CCA Program costs \$75 per calendar, which will be charged to my credit card. If I choose to pay my camping fees for my current stay with another form of payment, I know that I must do so by noon the day after check-in; otherwise my card on file will be processed.
- I understand that I am required to maintain a valid card on file, if not my program privileges will be terminated.
- I understand that this form is valid unless I cancel the authorization through written notice to Normandy Farms Campground. Normandy Farms reserves the right to cancel participation in this program for any reason.

Guest's Name: _____

Cardholder's Name (as it appears on card): _____

Cardholder's Billing Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Type of Card: MasterCard Visa Discover

Account #: _____ Expiration Date: _____ Vcode: _____
(3 digits on back of card)

Cardholder's Signature: _____ Date: _____

Number of Adults in Camping Family (Age 18 and over): _____

Number of Children in Camping Family (Age 3-17): _____

Number of Dogs: _____

NEED TO KNOW:

1. The swimming pool facilities at Normandy Farms ARE NOT SUPERVISED BY A CERTIFIED LIFEGUARD and for your safety, remember to obey all posted rules when using pools.
2. I have read and signed the TERMS & CONDITIONS. I understand that Normandy Farms and their staff are not responsible for any loss or damages.
3. I agree to follow the Normandy Farms Code of Conduct, which is posted on their website.
4. I am aware that there is no staff on duty and I agree that when using the EXERCISE EQUIPMENT I do so at my own risk, in accordance with posted instructions and will not hold Normandy Farms responsible for any liability.
5. It is my responsibility to keep my property and PERSONAL BELONGINGS secure. Normandy Farms is not responsible for lost or stolen items.

I have read this and will follow all guidelines at Normandy Farms Family Campground and I also agree to notify other family members and guests.

Name (Print) _____ Date _____

Signature _____

In regards to the Freedom Tail Dog Park:
I agree to follow the posted guidelines, and I certify that my pet is up to date on inoculations. Dogs must be kept on a leash at all times, except in our dog park. Owner must carry proof of current vaccinations. They must never be left unattended and should not be disruptive.
Initial _____ Date _____

Type of Camping Unit:

- Travel Trailer Fifth Wheel
 Motorhome Popup
 Other: _____

Brand Name: _____

Model: _____

Length: _____

Plate#: _____ State: _____