



FIRST TIME VISITOR

Welcome! We only need you to provide this information on your first visit. But please do let us know if any of it changes.

VISITOR INFORMATION

Name:		
Address:		
City:		Province:
Postal Code:	Country:	
Phone:	Day Phone:	Cell:
Vehicle Make:	Year:	Licence Plate:
Email:		
How did you hear about us?		

NATURIST ORGANIZATION MEMBERSHIP

Member of:	Membership number:
<input type="checkbox"/> FCN/FQN <input type="checkbox"/> AANR <input type="checkbox"/> TNS	If not a member, would you like to join one?
<input type="checkbox"/> OTHER: _____	

EMERGENCY CONTACT

Name:	
Phone:	Relationship:

PARTNER/SPOUSE INFORMATION

Name:		
Vehicle Make:	Year:	Licence Plate:

CHILDREN

Name/Age	Name/Age
Name/Age	Name/Age

SIGNATURE

I/we have read all of the Bare Oaks Family Naturist Park's Member and Visitor Agreement, as well as all of the Anti-Harassment Policy, and agree to be bound by their terms. I/we further agree to be responsible for my/our family members' and guests' adherence to all Bare Oaks rules and regulations. I/we confirm that the information I/we provided in this document is true and complete.

Signature of visitor:	Date:
Signature of spouse/partner:	Date:

OFFICE USE ONLY	ID#	PAYMENT
ID		