



NATIONAL ASSOCIATION OF RV PARKS & CAMPGROUNDS

20 GROUP PLACEMENT DATA FORM

CONFIDENTIAL

Park Name: _____
Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____/_____ Fax: _____/_____
Email: _____ Website: www. _____

CAMPGROUND DATA:

Year Purchased: _____ Profile: Rural Suburban Urban
Please choose one:

Park Ownership: Independently Owned Franchise Affiliated _____
Please choose one: Corporate Affiliated _____ Other _____

Open Year Round? Yes No *If no, Opening Date:* _____ *Closing Date:* _____

Total # of sites: _____
RV: _____ Tents: _____ Tipis/Yurts: _____ Cabins/Park Models: _____

Total # of booked site nights previous year: _____ Busiest month of the year: _____

Park Guests: Overnight Destination/Vacation/Leisure Membership
 Seasonal (*monthly*) - If seasonal, # of sites occupied by seasonal campers: _____

Are you located on a major highway? Yes No

Highest number of full-time employees (including yourself) during the year: _____

Highest number of part-time employees (including yourself) during the year: _____

Gross revenue from all campground-related sources in the last 12 Months: \$ _____

Have you spoken with a particular 20 Group in which you would prefer to be placed? If so, which Group? _____

PLEASE SEND A ONE-PAGE PERSONAL RESUME WHICH WOULD INCLUDE:

1. Number of years involved in your current RV park/campground
2. Number of years involved in the RV park/campground industry
3. Level of personal involvement in your RV park/campground (i.e., absentee owner, hands-on manager, etc.)
4. Describe your RV park/campground and nature of your business
5. Please enclose one park brochure and any other promotional information you may have.

Please enclose a check in the amount of \$50, made payable to arvc, for the one-time application fee and mail to the address below.

Mail to: **arvc 20 Group • 9085 E. Mineral Circle, Suite 200 • Centennial, CO 80112 • 303.681.0401**