

CAMP EDISON
 P.O. Box 600, Shaver Lake, CA 93664
 Phone: (559) 841-3134 Ext. 6 Fax: (559) 841-3193
 E-Mail: camped@sce.com Web Site: www.sce.com/camp Edison

RESERVATION GUIDELINES

- Reservations will be accepted by U.S. Mail or Fax only.
- **PHONE RESERVATIONS AND WALK-IN RESERVATIONS WILL NOT BE ACCEPTED.**
- Reservations for 7 nights or more can be submitted beginning December 18th. We will randomly process reservation requests received between December 18th and December 31st beginning the first Monday in January. Requests received after December 31st will be processed in order received.
- Reservations for 6 nights or less can be submitted beginning January 18th. We will randomly process reservation requests received between January 18th and January 31st beginning the first Monday in February requests received after January 31st will be processed in order received.
- A courtesy call will be made when your reservation is completed, or if we are unable to fill your request as submitted. Please include a phone number where you can be reached **during the day** between 8:00 a.m. and 4:00 p.m., Monday through Friday.
- **A deposit of \$100.00** for reservations made during the month January, and **\$50.00** for reservations made between February and December must be included with **each reservation request or your request will not be processed.**
 - You must send a check or credit card number and expiration date with U.S. Mail reservations.
 - If submitting via fax, include your credit card number and expiration date at the time you submit your reservation.
- If you wish to make reservations for more than 1 site (such as a group of sites), please submit separate requests in one envelope or in the same fax. We do not accept multiple reservations in one name (for the same dates) will not be processed.
- **Phone calls will not be accepted to see if your request was received.** U.S. mail users may send requests "Priority Mail with Delivery Confirmation" and the post office will send notification of receipt. If sending via fax, your fax machine should verify delivery.

CHANGE OR CANCELLATION GUIDELINES				
If you wish to ...	14 + DAY NOTICE	7-13 DAY NOTICE	6 DAYS OR LESS	AFTER CHECK-IN
Cancel Entire Reservation	\$10 Fee	Forfeit 1/2 of Deposit	Forfeit Entire Deposit	Forfeit Entire Deposit
Reduce Number of Nights	\$10 Fee	Forfeit 1/2 of Deposit	Forfeit Entire Deposit	Changes Not Allowed
Change Site, Name or Date (keeping same # of nights)	\$10 Fee	\$10 Fee	\$10 Fee For Site Or Name Change Only	\$10 Fee For Site Or Name Change Only
Reservations Confirmed in January That Reduce Below 7 Nights	Changes Not Allowed Below 7 Nights	Changes Not Allowed Below 7 Nights	Changes Not Allowed Below 7 Nights	Changes Not Allowed
No Shows	Your reservation will be honored until 12:00 noon the day FOLLOWING your arrival date. If you cannot arrive by this deadline, and wish to retain your reservation, you must CONTACT us for a late arrival. If you do not contact us, your site will be reassigned and your deposit will be forfeited.			

RESERVATION REQUEST FORM

Please use this form for your convenience. Include this information when writing, or faxing us with your reservation request. Please make duplicates if necessary.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER (____) _____

FAX PHONE NUMBER (____) _____

E-MAIL ADDRESS _____

1ST CHOICE
SITE # _____

ARRIVAL DATE _____ DEPARTURE DATE _____

2ND CHOICE
SITE # _____

ARRIVAL DATE _____ DEPARTURE DATE _____

3RD CHOICE
SITE # _____

ARRIVAL DATE _____ DEPARTURE DATE _____

TYPE OF EQUIPMENT

TENT (HOW MANY?) _____ SIZE? _____

TENT TRAILER (LENGTH?) _____ SLIDE OUT? _____

TRAILER (LENGTH?) _____ SLIDE OUT? _____

MOTORHOME (LENGTH?) _____ SLIDE OUT? _____

TYPE OF PAYMENT – MUST BE INCLUDED OR REQUEST WILL BE RETURNED AS UNABLE TO PROCESS:

CHECK ENCLOSED

CREDIT CARD NUMBER (VISA/MC/DISCOVER)

_____ - _____ - _____ - _____ EXP. DATE ____ / ____

SPECIAL REQUESTS OR COMMENTS

