Travel Trailer Rental Application

Contact Information

Full Name_____

Birth Date_____

Drivers License #_____

Email_____

Phone Number_____

Address_____

City_____

State_____

Zip Code_____

You Will Need To Provide Copy Of D.L.

Camping Information

Destination Name _____ Address_____

Date of Pick Up/Delivery _____ _____

Date of Drop Off/Pick Up _____ _____

Guest 1 Name _____ Age _____

Guest 2 Name _____ Age _____

Guest 3 Name _____ Age _____

Guest 4 Name _____ Age _____

Guest 5 Name _____ Age _____

IF Towing you will need to have electric Brake Controller. Also Vehicle would need to have towing capacity greater than travel trailer, passengers and gear combined. Ex.: TT #6250 + 4 passengers #800 + Gear/Supplies #1000 = #8250 Load weight

Describe Your Level of RV Experience/Towing _____

_____

_____

Air RV LLC
230 Wilbur St
Kimberly, WI 54136
AirRV@yahoo.com Phone: 920-740-5361

If application is denied a full refund will be issued.