



KAMPGROUND OWNERS ASSOCIATION
DISASTER RELIEF FUND
CLAIM FORM

Return To:
Kampground Owners Association
P.O. Box 361064
Birmingham, AL 35236
Fax: (205) 823-2760

KAMPGROUND NAME _____ FRANCHISE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____

MEMBERS OF OWNERS ASSOCIATION _____
yes no

DATE OF DISASTER _____

INSURANCE COVERAGE _____
yes no

IF YES, EXPLAIN _____

DESCRIPTION OF DISASTER _____

ESTIMATE OF VALUE OF DAMAGES _____

ESTIMATE OF REPAIR COSTS _____

WAS IT NECESSARY TO CLOSE THE KAMP? _____

OTHER KOA OWNERS WHO WITNESSED THE DISASTER _____

NAME OF OWNERS INVESTIGATING THE DISASTER _____

Disaster Relief Fund approval by: _____

Date: _____