

RETURN THIS PORTION WITH YOUR CHECK

Names: _____

Address: _____

Phone: _____ Chapter: _____

Email: _____

Type of rig: MH – TR – 5th Whl – Camper - Other

Rig (only) License #: _____

Handicap (need permit #) _____

How many total travelers (in rig): _____

ARRIVAL: MON TUE WED THUR

_____ # days at event x \$30.00 (per day) = _____

COMMENTS:

EXAMPLE:

If you plan on arriving Monday, CIRCLE that day.

If you plan on all 4 days it would be:

4 # days at event x \$30.00 (per day) = \$120.00

PLEASE STAPLE CHECK TO REGISTRATION FORM

**REMEMBER – IF YOU WANT TO PARK TOGETHER
YOU MUST ARRIVE TOGETHER. NO PARKING
SPOTS WILL BE HELD.**