

ORANGE BLOSSOM KLASSIC CAMPING REQUEST There are NO showers available at the fairgrounds.

	Date IN:	Date OUT:		
Name:		P	Phone:	
Address:				
City:		State:	Zip:	
Email:			-	
Premium Trailer Parkin	g	Flat rate of \$100.00		\$
DRY RV Parking (w/o wa	ater & electricity)	Number of Nights:	@ \$20.00 Flat Rate	\$
RV Parking WITH Electronic (Plug OR twist adapter required				
Please check one:	dalah ada a			
☐ I have a 30-amp stra	aignt plug	Number of Nights:	@ \$50.00 Flat Rate	\$
☐ I have a 30-amp 3 p	rong twist			
☐ I have a 50-amp 4 p	rong plug			
	adapter to plug into pow when adapter is returne	wer source. \$40 Deposit Requ id to office.)	<u>ired</u>	\$
			TOTAL DUE	\$
RV Make:		Length:	License #:	
Vehicle Make:		Model	License #:	
If you are going to have mo	ore than one vehicle a	t your camp site, please list m	nake, model and license	e number:
Vehicle Make:		Model	License #:	
	ersons associated	l, and I am camping at m with this event & THE F r property.		
Date:	Signature:			

Additional information: