| OFFICE USE ONLY |
|---|
| Date Mailed |
| Sticker # # of Side Outs |

# CAMPER RESERVATION FORM

**CAMPER SPACE FEE IS $10 PER NIGHT IN THE RESERVED STAFF/OPEN EXHIBITOR CAMPER AREA**

**Submit Entries To:**
**Agriculture Office, Eastern States Exposition**
**1305 Memorial Avenue, West Springfield, MA 01089** **PHONE: 413.205.5011**
**FAX: 413.205.5104**

| | | |
|---|---|---|
| **OWNER** | | |
| **FARM NAME** | **ADDRESS** | **CITY** |
| **STATE** | **ZIP** | **TELEPHONE** |
| **EMAIL ADDRESS** | **FAX NUMBER (if applicable)** | |
| **CREDIT CARD #** | **EXP. DATE** | **FULL NAME OF CARDHOLDER** |

**BEEF** ☐ **DAIRY** ☐ **SHEEP** ☐ **CAMELID** ☐ **SWINE/ GOAT** ☐ **OTHER** ☐ **(Please Specify)**_____

**Trailer License Plate # Required** _____ .

**Indicate length (approx. feet)** _____ .

**I am requesting camper space:**
**Starting the night of Sept/Oct** _____ .

**I will depart on Sept/Oct** _____ .

no. of nights _____ x $10_____ = $ _____

1 side slides out $10 x _____ (no. of nights) = $ _____

2 sides slide out $20 x _____ (no. of nights) = $ _____

Total = $ _____

CAMPER RESERVATIONS ARE ONLY ACCEPTED FOR DATES OF ANIMAL EXHIBITION.

**Management reserves the right to refuse access, and is not responsible for accidents or personal loss, injury or damages to any property. By signing this form the individual agrees to assume all risks. (SIGNATURE REQUIRED)**

_____

**Signature** **Date**