

OFFICE USE ONLY	
Date Mailed	
Sticker #	# of Side Outs

NOTE: A camper reservation needs to be made and paid for at the time of entry and one unit per firm. Campers not registered at time of entry must pay a \$25 inclusion fee.

CAMPER RESERVATION FORM

CAMPER SPACE FEE IS \$15 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
 FAX: 413.205.5104

PHONE: 413.205.5011

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 _____ . *no. of nights* _____ x \$15 _____ = \$ _____

Indicate length (approx. feet) _____ . *1 side slides out \$10 x* _____ = \$ _____
no. of nights

I am requesting camper space: *2 sides slide out \$20 x* _____ = \$ _____
 Starting the night of Sept/Oct _____ . no. of nights

I will depart on Sept/Oct _____ . *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