

MT.CHEAM CANINE CENTRE SOCIETY CAMPING RESERVATION FORM

NAME: _____

ADDRESS: _____

PHONE: () _____

DAYS/NIGHTS THURS. ___ FRI ___ SAT. ___ SUN. **N/A**

OVERNIGHT PARKING per day/night TOTAL: \$ _____

R.V. LICENSE NO. _____ PROVINCE/STATE: _____

TRUCK/CAMPER VAN LENGTH _____

TRAILER/5th WHEEL " " _____

MOTORHOME " " _____

INDICATE IF HANDICAP PARKING IS REQUIRED YES ___ NO ___

(Handicap Sticker MUST be present and valid upon request)

**** PLEASE BRING YOUR EXTENSION CORDS!!!**

THE MT.CHEAM CANINE ASSOC. IS PLEASED TO OFFER OUR EXHIBITORS THAT PRE-PAY FOR THEIR RV PARKING A CONSIDERABLE SAVING. IF YOU DO NOT PRE-PAY FOR YOUR RV PARKING, PLEASE PAY IMMEDIATELY UPON ARRIVAL (cash) AT THE CLUB TABLE LOCATED IN THE BUILDING. THE CLUB WILL TOW YOUR R.V. IF PAYMENT IS NOT RENDERED AND WILL REFUSE FUTURE ENTRIES FOR JUST CAUSE.

NO OVERNIGHT PARKING ON SUNDAY!!!

Credit Card # _____ Exp.Date _____

Name of Cardholder _____