MCLEAN COUNTY FAIRGROUNDS CAMPING RESERVATION REQUEST FORM

Name:			
Mailing Address:			
City:		State:	Zip:
Cell Number:			
Type of Camper Unit: (Che	ck One or More)		
Tent Te	ent "Pop Up" Trailer	Pic	ckup Camper
Travel Trailer	5 th Wheel Camper		Motor Home
Camper Make & Model Na	me:		
Size in Width with Slides-or	uts:		
Total Length:			
Will There be vehicles acco	mpanying this Campe	r:Yes	No
Make & Model of all vehicl		•	
Arrival Date:			
Departure Date:			
Number of Days:			
Amount Due: \$ (\$2			
For More Information contact:		Forms & Payment can be sent to:	
Arica Levey: 701-214-2887 (call or text)		Arica Levey	
Email: <u>alevey(</u>	westriv.com	PO Box 772	
*******	**************************************	Underwood NI JSE ONLY*****) 58576 **********
Amount Paid:	Date	e Paid:	
Space Location and Lot Nu	mber:		