

Camper Application

		Date:			
Name:					
Address:					
City:	State	: 2	Zip:		
Telephone:					
All camper spots nights y	will be \$30 you need to	-	•	le the	
You must have two camp, either	paid week ler exhibitor o	• .	•	plan to	
Sunday Monday T	Tuesday We	dnesday	Thursday	Friday	
No campers allowed to com arrangements are made by the I have read and agree to abide regulations page in this book	he fair. de by the rules spe				
Signature of Adult Staying is Please send this application (payable to Ford County Ford Mail to: Jane Meyer 1795 N 1800 E R Thawville, IL 609	n and payment Fair) along with y				
(OFFICE USE ONLY)		Please printer information	provide the fol ation:	llowing	
Permit No		Length	of Camper:		
Paid		Service	Required:	30A	
Check#				20A	
Passes					