

CAMPGROUND RESERVATION FORM

**Columbia County Fair & Rodeo
July 15 -19, 2009**

SITE #: _____

DATE IN: _____

DATE OUT: _____

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Cell Phone _____

Email _____

Emergency Contact & Phone number _____

Exhibiting Department (if applicable) _____

Vendor Business Name (if applicable) _____

Camping is **\$5 per night per spot**. Only dry camping is available. Circle the camp- nights you wish to reserve.

July 12 13 14 15 16 17 18 19

Circle the type of camp structure you will be bringing & fill in the blank with the **LENGTH & WIDTH INCLUDING SLIDE OUT**.

TENT _____

TRAILER _____

RV _____

TENT TRAILER _____

TRAILER W/ TIP-OUT _____

RV W/ TIP- OUT _____

My (1) vehicle parking pass will be for a 5th wheel truck

Y

N

List the individual names of the people you would like to camp next to and we will do our best to put you near them. _____

List the first and last name of **everyone** staying in your camp. _____

I agree to follow all of the campground rules found on the back of this page or at www.columbiacountyeventcomplex.com.

Print name of responsible party _____

Signature _____

Date _____

For Official Use Only:

Date Received _____

Payment Received _____

Amount Collected _____

Space # Assigned _____

1

Make Checks Payable to:
Columbia County Event Complex
Send Reservation Form & Check to:
Camping Superintendent
PO Box 74
St. Helens OR 97051