

OFFICE USE ONLY	
Date Mailed	
Sticker #	# of Side Outs

Email Form to: dsmith@TheBigE.com
 Reservations only accept Credit Card Payment
 Discover Mastercard Visa

CAMPER REQUEST FORM

Staff/Open Exhibitor Camper Area. Request will be honored on a first-come, first-serve basis.
 Take time to make all required information complete and accurate.

Submit Entries To:
 Sales Office, Eastern States Exposition
 1305 Memorial Avenue, West Springfield, MA 01089
 FAX: 413.787.0127

PHONE: 413.205.5019

EXHIBITOR		
FARM NAME	ADDRESS	CITY
STATE	ZIP	TELEPHONE
EMAIL ADDRESS		FAX NUMBER (if applicable)
CREDIT CARD #	EXP. DATE	FULL NAME OF CARDHOLDER

DAIRY DOG OTHER (Please Specify) _____

Trailer License Plate # Required _____ .

Indicate length (total feet) _____ .
 (Front bumper/tongue to rear bumper)

1 side 30 amp \$30 x _____ = \$ _____
nno. of nights

I am requesting camper space:
 Starting the night of (date) _____ .

2 sides 50 amp \$50 x _____ = \$ _____
nno. of nights

I will depart on (date) _____ .

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 _____