

Taylor County Cooperative Youth Fair Fair Week Camping Registration Form

Contact person's name: _____ Phone: _____

Address: _____ Zip: _____ Email: _____

Camper Make: _____ Type: _____ License Plate: _____ Length: _____

(If owner of camper is different than contact person above, print camper owner's phone number and address on line above.)

Reason for wishing to camp on site? (circle one below)

Exhibitor Fair Board member Superintendent Vendor/staff Other

Camper occupants

ALL intended occupants must be listed. Fill out age if under 21.

Phone numbers must be those at which each occupant can be reached on-site (if applicable), ie. cell phones.

Name: _____ Name: _____

Phone: _____ Age: _____ Phone: _____ Age: _____

Name: _____ Name: _____

Phone: _____ Age: _____ Phone: _____ Age: _____

Name: _____ Name: _____

Phone: _____ Age: _____ Phone: _____ Age: _____

Name: _____ Name: _____

Phone: _____ Age: _____ Phone: _____ Age: _____

In order to receive preference, campsites must be requested by the dates listed in the policy above. **Mail this form WITH \$50 to PO Box 182, Medford, WI 54451**

(Paper form must be received with payment but you may send us a preliminary copy by scanning the paper to a PDF or taking a clear photograph and emailing to witaylorcountyfair@gmail.com)

By submitting this form, I am agreeing to the policies above. I've declared all campers and will notify the fair board of any changes or additional needs.

Contact signature: _____ Date: _____