



**TULARE COUNTY FAIR**  
**RV REGISTRATION and Dry Camping FORM**  
**Returning\_\_\_ New\_\_\_**

Space Number \_\_\_\_\_ The space you were in last year

\_\_\_\_\_  
 (Dates of Event) (Event Name)

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

NUMBER OF NIGHTS \_\_\_\_\_ @ \$40.00 PER NIGHT = \_\_\_\_\_ (ALL RV's, Dry Camping, & Tents)

**Number of Pets** \_\_\_\_\_ @ **\$25.00** = \_\_\_\_\_

\_\_\_\_\_  
 (Name) (Business Name)

\_\_\_\_\_  
 (Street Address)

\_\_\_\_\_  
 (City, State, Zip) (Phone Number)

\_\_\_\_\_  
 (Email)

**Dry Camping 10X10 Space** Vehicle License Plate Number: \_\_\_\_\_

Type of Vehicle:  Trailer  5<sup>th</sup> Wheel  Motor Home  Cab over  Camper

Length: \_\_\_\_\_ Ft. Width: \_\_\_\_\_ Ft. #of Slide Outs: \_\_\_\_\_ Full Hookups \_\_\_\_\_  
 (20amps ONLY provided with Full Hookups)

Power Requirement: \_\_\_\_\_ Water: \_\_\_\_\_ Sewer: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ RV License Plate Number: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_

**Card Identification Number:** \_\_\_\_ \_

**Return To:**

Tulare County Fair  
 620 South K St.  
 Tulare, Ca. 93274

(559) 686-4707 Fair Office/ (559) 686-7238 Fax

**NO REFUNDS**