

CAMPER REGISTRATION/CONTRACT

DUE JULY 10, with PAYMENT IN FULL

TO GUARANTEE SPOT

List all persons staying in camper

They must either be a Jr. Fair Member or purchase a season wrist band
(2 years of age to 70 years of age)

RESPONSIBLE PERSON: _____

ADDRESS: _____

PHONE: _____

CAMPER SIZE IN FEET _____

TYPE OF CAMPER _____

Same Camper as last year? Y N

SEASON WRIST BAND (\$30.00) _____

MEMBERSHIP (\$10.00) _____

Camper Do Not Buy Season Pass

Names on Memberships _____

Extra Parking Pass (\$30.00) _____

(1 only)

Camping Fee Bal. _____

NAME	WRIST BAND	JR. FAIR MARK WITH AN -X-

Return Form and Monies to:

Secretary
Jefferson County Agricultural Society
P.O. Box 2315
Wintersville, OH 43953

I agree to defend, indemnify and hold harmless the Jefferson County Agricultural Society & it's officials from any and all damages, injuries/death to any person, property or animals, arising out of my stay as a camper at this facility. I understand that I am responsible for all actions of any person in or around my camper in or out of my presence.

Signature: _____ Date: _____