



RV Parking Reservation

A limited number of self-contained vehicles may park overnight at the trial site for \$15 per night.

Please indicate the nights requested.

Friday, March 2: _____

Saturday, March 3: _____

Vehicle Description: _____

License Plate #: _____ State: _____

Name: _____

Address: _____

Telephone: _____ Email: _____

RV Parking Fee _____ nights at \$15 each. Total owed \$ _____

Return with your trial entry.