

SKOWHEGAN STATE FAIR

CAMPING APPLICATION

NAME: _____
FIRST LAST

ADDRESS: _____
STREET NO. - PO BOX

_____ CITY STATE ZIP

PHONE: _____

VEHICLE: _____
MAKE MODEL COLOR

CAMPER: _____
MAKE MODEL COLOR LENGTH

REQUESTED SITE NO. _____ ALTERNATE SITE NO. _____

EXPECTED ARRIVAL DATE: _____ DEPARTURE DATE: _____

Please note the Fair reserves the right to determine the final site location due to availability.

LIVESTOCK CAMPING

ARE YOU A LIVESTOCK EXHIBITOR? YES _____ NO _____

WHAT DEPARTMENT: _____

FARM NAME: _____

WILL YOU BE PAYING FOR YOUR CAMPING OUT OF PREMIUMS WON? YES _____ NO _____

LIVESTOCK CAMPING FEE IS \$45.00 FOR 10 NIGHTS, PLEASE SHOW PROOF OF EXHIBITING.

SPECTATOR & VENDOR CAMPING

FEES: \$15.00 per night, plus daily gate fee per person.

15% deposit required to hold site number. Please send deposit with application.

AMOUNT ENCLOSED: _____ BALANCE DUE: _____

I have read and understand the campground rules. By signing below I am agreeing to follow all rules set by the Skowhegan State Fair.

Signature Date

Please return this application to:
Skowhegan State Fair, PO Box 39 Skowhegan, ME 04976
207-474-2947