

**Camping sign up form for PGI members attending
August 8-14, 2009 at the North Iowa Fair Facilities in Mason City**

Notice: If you wish to be adjacent to another camping group or individual, please indicate their name(s) and state(s). **To assure being together please pay together and we will do the best we can!**

If you are paying for more than one space, please provide a list of **ALL** individuals who will be occupying these camping spaces during the convention. (Space provided on the back).

To reserve your space please fill in all blanks and return the form with 1/2 or more payment. Total payment must be paid by June 1, 2009. (There will be NO refunds after June 1, 2009). Mail to: North Iowa Fair Association, 3700 4th Street SW, Mason City, Iowa 50401-1590.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ CELL : _____

EMAIL: _____

Please fill in those blanks that apply:

_____ CAMPER w/electricity \$20/night/day (8 day minimum = \$160.00):

Camper Size/style: _____ Amps desired: _____

_____ TENT: w/electricity (\$20/night/day) (8 day minimum = \$160.00): Amps desired _____

_____ TENT: w/out electricity (\$15.00/night/day) (8 day minimum = \$120.00)

ADDITIONAL PEOPLE over four with your camping unit _____ x \$3.00 per day/night = \$ _____

Arrival date: _____ Departure date: _____ = _____ days

PAYMENT INFORMATION: Full payment must be received before June 1, 2009 to assure your reservation! Please indicate, by filling out the proper spaces, if you are paying by check or credit card. (credit card information will be retained until 6 months following the convention, then destroyed)

Check # _____ Total Due: \$ _____ Payment: \$ _____ Remainder Due: \$ _____

Credit card (circle one):

Master Card Visa American Express Card # _____

Expiration Date _____ 3-digit CVV code on back of card _____

Total Due: \$ _____ Payment: \$ _____ Remainder Due: \$ _____

Use this space for additional names if you wish to be near someone or are reserving for a group.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ CELL : _____

EMAIL: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ CELL : _____

EMAIL: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ CELL : _____

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