

## BLOOMSBURG FAIR WEEK RECREATIONAL VEHICLE PARKING PERMIT APPLICATION

## **BOONES DAM LOCATION**

DATE:				
Please Print Legibly:				
NAME:	PHC	ONE:		
ADDRESS:				
CITY:	STA	TE:	ZIP:	
EMAIL:				
TOTAL AMOUNT ENCLOSED: \$	(CHECK / CASH ,	/ CREDIT CA	RD)	
Ple	ase make checks payable to THE BLOOI	MSBURG FA	IR	
CARD TYPE:CREDIT CARD	#:	EXP.:	cvv:	
	ALL SITES \$40.00 per night			
	Pump by outside vendor list enclo	osed.		
PLEASE NOTE: Water hook-ups a	re LIMITED and are first come first serv	ve. Electric r	nust bring your own gen	erator.
v	Ve apologize for any inconvenience this	s may cause.		
STATE: LICENSE #:	YEAR/MAKE/MODEL: _		SIZE:	
ARRIVAL DATE:	DEPARTURE DATE:		NUMBER OF DAYS:	
(2) FAIR ADMISSION TICKETS X N	IUMBER OF DAYS CAMPING	= FAIR ADIV	IISSION TICKET TOTAL _	
LOCATION REQUESTS:				
Email Address: receptionist@bloom Mailing address: 620 West 3rd Stre Main Gate address: 980 West Main	eet, Bloomsburg, PA 17815			
	-			
Phone number: 570-784-4949 O WEEK BOONES DAM LOCATION	FFICE USE ONLY: BLOOMSBURG FAIR			
PERMIT #:				
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