RV RESERVATION FORM – Vintigues 2025



PLEASE RETURN APPLICATION TO STATE FAIR PARK & EVENT CENTER BY JUNE 1, 2025

Mail to 1301 South Fair Avenue, Yakima, WA 98901 Or email to Gail Ragland at gailr@fairfun.com

METHOD OF PAYMENT

Check (please make checks payable to: Central Washington Fair Association – please call for your total)
Credit Card (please fill out Credit Card Authorization Form on reverse side)
Request Phone Call for over the phone payment (509) 248-7160

State Fair Park & Event Center's newly rebuilt RV Park with water, power (50 Amp service) & full hook-ups, shower/restroom facility are available for the 2025 Vintiques 7/31-8/2. Space will be reserved upon receipt of completed application form and space payment. On a first come, first serve basis. Reserve early as the park will fill!

\$50 per night (plus lodging tax, sales tax, facility fee) fee includes parking space for one of the following: Motorhome, camper, or tent in the RV Park. This also includes (if space allows) parking for one accompanying vehicle per RV space. Any vehicle that may encroach on the neighboring camp space must be parked in the exhibitor parking area immediately adjacent to the RV Park. The RV Park manager will have sole discretion in making this determination. Please note: any secondary motor home, camper or tent at a campsite will also be charged the rate of \$50.00 per night (plus lodging tax, sales tax, facility fee).

You will be required to show appropriate vehicle credentials to enter the RV Park. All vehicles are to vacate RV park on Sunday, August 3^{rd} , 2025

Name				
Company Name				
Street Address			. *	
City/State/Zip				
Phone	35	Email		
Date of Arrival	Type of Vehicle(s)	(example: moto	orhome, camper or tent)	
License plate Number(s)				
Length of Vehicle	Widt	th of Vehicle	Name to the second seco	(including Tip Outs)
Number of People staying in space _				
Departure Date				4,000
Signature			Date	

Reservation and payment must be received before space is assigned (held).



Payment by Credit Card Authorization Form

Use this form if you wish to charge your payment to VISA or MasterCard. This form <u>must</u> accompany your contract/invoice. Please complete and mail or fax with your contract or invoice.

All information is confidential Cardholder's name: Billing Address: Telephone: Email: Type of Card: Credit Card Number: **Expiration Date:** Total Amount Charged: Authorized Signature: Date: Please return to: Central Washington State Fair 1301 S. Fair Avenue Fax: 509/248-8093 Yakima, WA 98901 Phone: 509/248-7160



Central Washington State Fair Yakima Valley SunDome

