|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Requested By: |  |  |  | |  |
| Name |  |  |  | |  |
| Address |  |  |  | |  |
| City |  | State |  | Zip |  |
| Phone |  | E-Mail |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of Nights: |  | | | @$45 per night. Total: $ | | | | | | | |  | | | | | | | | | | | |
| Nights Requested: | Tues | | |  | Wed |  |  | Thurs | | | |  |  | Fri |  | Sat |  | Sun | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Total Length of Rig |  | | | | | | | |  |  |  | | | | | | | |  |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Rig: |  |  | Location Requested: | | | | | |  |  | Same spot as last year? | | | | | | | |  |  | | |  | |
| Car / Van / Box Van |  |  | Conformation | | | | | |  |  | Yes | | | | | | | |  |  | | |  | |
| Motor Home |  |  | Obedience / Rally | | | | | |  |  | No | | | | | | | |  |  | | |  | |
| Vehicle Towing Trainer |  |  | Agility | | | | | |  |  |  | | | | | | | |  |  | | |  | |
| Gates to parking area open at noon on Tuesday, June 9, 2020   * Spaces are 50’ Maximum * Power   + All spaces will have access to power   + You may need to provide **long, heavy duty** extension cords   + 20 amp power is provided     - 30 amp power is commonly available but not guaranteed     - 50 amp power is **not** available * Submission of this form indicates that you agree to the Parking Rules and Regulations.   + A copy of these rules can be found in the premium list. | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I will pay via PayPal |  | I will pay via Credit Card | |
| * Name \*must match the name on this form * In your PayPal account:   + Choose the “Send Money” option   + Friends and Family   + Send the fee amount to [dogshowparking@outlook.com](mailto:dogshowparking@outlook.com) | | Card Number | |  |
| Expiration | |  |
| Security Code | |  |
| Billing ZIP Code | |  |
| Name on Card | |  |
| Send completed form to [pekes@ida.net](mailto:pekes@ida.net) | | | | |