



South County Hot Air Balloon Festival

RV REGISTRATION FORM

To register, your RV must be self-contained.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

RV Club _____

Email: _____ Phone: _____

TYPE OF RV: Motorhome Trailer 5th Wheel Truck/Camper

Make of RV: _____ Length of RV: _____ Registration # _____

Make of tow or towed vehicle: _____ Registration # _____ State _____

Fee for Weekend - \$80.00 per RV (2 ADULTS) \$25.00 each additional adult

Children ages 14 & older - \$25.00, Children under 14 - free

of Adults _____ (\$80.00 for 2 adults, \$25.00 each additional adult)

of Children _____ (14 & older - \$25.00, under 14 - Free)

In case of emergency, notify: _____

I, the undersigned, accept full responsibility for our unit and persons with our unit, while attending the SOUTH COUNTY HOT AIR BALLOON FESTIVAL, and hold blameless the sponsors of the event in any way for any claims for personal injury or damage to my unit or personal property.

SIGNED _____ DATE _____

Make check payable to: The Rotary Club of Wakefield Send to: Russell Bertrand P.O. Box 382 Wakefield, R.I. 02880 balloonfest4rvs@cox.net