

OFFICE USE ONLY

Reg. Number: _____

Check Number: _____

Date: _____

Amount Paid: _____

Refund Due: _____

STATE FAIR PARK

DORMITORY REGISTRATION FORM

COST: \$91.68 PER NIGHT (sleeps 12)
(includes tax & continental breakfast 6-9 AM)

Bathroom and shower in each room
Bring your own towels and linens

NOTE: Complete registration form **with signature & payment**. Make checks payable to **State Fair Park**.

Mail to: WSFP Youth Center , 4-H Horse Show
640 S 84th Street
West Allis, WI 53214

On-line reservations at: wistatefair.com **414-266-7042**

DO NOT MAIL WITH SHOW ENTRIES

Please complete with name and address of the **adult assuming responsibility/payment** for dorm room:

NAME: _____ COUNTY: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE NUMBER: (____) _____

CREDIT CARD # _____ EXP DATE _____

SIGNATURE: _____

HANDICAPPED ACCOMMODATIONS REQUESTED: YES _____ NO _____

TYPE OF ROOM REQUESTED: MALE _____ FEMALE _____ FAMILY _____

GYMKHANA DATE/S: Friday _____ Saturday _____ Sunday _____

EXPO DATE/S: Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

LIST NAME OF ALL OCCUPANTS (maximum of 12):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Upon signing this form I accept responsibility for the room requested.

Adult Chaperone _____
(Reservation will not be accepted without signature)

- NO REFUNDS -