LAWRENCE COUNTY SCAREGROUNDS

FIRST WEEKEND OF OCTOBER

FIRST NAME:							
LAST NAME:							
PHONE/CELL: EMAIL:							
TYPE OF CAMPER:			railer	Fifth Wheel	Tent	Pop-up	
LENGTH OF CAMP	ER:	length	#	of slideouts			
NUMBER OF ADUL	.TS: Ages & # o	f Children	0-4	5-10	11-1	14	_14 & up
CAMPING FRIEND	REQUEST: (all ef	forts will be ma	de to accor	nmodate, no pro	omises)		
MONEY TO ACCO	MPANY REGISTR	ATION FORM	1: \$120.00	O FOR THE WEE	EKEND		
CHECKS PAYABLE	TO: LAWRENCE	COUNTY FAI	R				
THIS FOR OFFICE/O	ORGANIZER USE	ONLY					
Dovd	cash or check		annr	oved by			