

State Rally Registration Form

Name: _____ Spouse/Companion _____

WIT#: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Cell Phone: _____

Model Year _____ Length of motor home _____ Number of Slideouts _____

State/Regional Name of Rally _____ Date _____

Registration Fee(_____ couple/single) (_____ # Additional Adults X Fee _____)
(_____ #Children X Fee _____) First Time (Y/N) Home State _____

See Rally description as to availability of itmes listed below and circle all that apply.

Vendor _____ Arts and Crafts _____ Other _____

(In order to receive any consideration on special needs, it must be noted on application)

Please explain any special needs, i.e. dietary, mobility, parking or other restrictions, that would help us better serve you as you attend this rally: _____

Additonal Days Parking _____ Special Tours _____

Optional Meals _____ President of a Club or Chapter? (Y/N)

Local Club/Chapter Involved In: _____

TOTAL AMOUNT ENCLOSED \$ _____ (U.S. Funds or equivalent thereof)