

2016 Cattaraugus County Fair – Temporary RV Parking Application

*Please fill in this form completely. Any incomplete forms will be returned.*

NAME \_\_\_\_\_

Campsite Requested 1<sup>st</sup> Choice \_\_\_\_\_

ADDRESS \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Circle  
one

Full week? (Sat. – Sunday)

DAYTIME PHONE \_\_\_\_\_

Partial week? (Sat. – Wed.)

Sites within the Fair gates will be assigned to animal exhibitors. Others will be parked behind the grandstand. Vehicle parking is also available there.

Length of Trailer (including hitch or towing brace) \_\_\_\_\_ feet

Vehicle Make/Color/License # \_\_\_\_\_

Fair departments in which you/your family will be exhibiting \_\_\_\_\_

**Each person staying is required to purchase a gate pass if not a member of the Agricultural Society.  
Any person not purchasing a gate pass, if necessary, will be billed for the amount  
or will have the amount taken out of his/her premiums.**

**Wristbands for exhibiting 4H members  
Exhibitor's Pass (hooved animals only)**

**\$10.00 (gate only, no midway rides)**

**\$15.00**

**(1-3 hooved animals exhibited) – limit 1**

**(4+ hooved animals exhibited) – limit 2**

**Weekly Gate Passes**

**Adult (18+ years)                    \$35.00**

**Junior (12 – 17 years)            \$25.00**

**Child (2 – 11 years)                \$20.00**

List **ALL** campers (and age, if under 18 years):

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Campsite Pricing:

Trailers 30' & over - \$175.00/week  
Trailers 20' – 29' 11" - \$150.00/week  
Tents or Trailers up to 19' 11" - \$125.00/week

Partial week – in Saturday night, vacating site Wednesday morning \$100.00

Camping (no single nights) \$ \_\_\_\_\_

week? partial week?

Gate Passes:

\_\_\_\_\_ Exhibitor @ \$15.00 \$ \_\_\_\_\_  
*(hooved animals only – see limits)*

\_\_\_\_\_ *(name(s) on pass?)*

\_\_\_\_\_ 4H Wristband @ \$10.00 \$ \_\_\_\_\_

\_\_\_\_\_ *(names?)*

\_\_\_\_\_ Adult Weekly @ \$35.00 \$ \_\_\_\_\_

\_\_\_\_\_ *(names?)*

\_\_\_\_\_ Junior Weekly @ \$25.00 \$ \_\_\_\_\_

\_\_\_\_\_ *(names?)*

\_\_\_\_\_ Child Weekly @ \$20.00 \$ \_\_\_\_\_

\_\_\_\_\_ *(names?)*

Total enclosed \$ \_\_\_\_\_

**Return this form, with payment,  
to P.O. Box 182  
Little Valley, NY 14755.  
No postdated checks, please.**

Check \_\_\_\_\_

Cash

MasterCard or Visa \_\_\_\_\_ exp. \_\_\_\_\_