



**RV Reservation Form – Virginia Horse Festival**

**PO Box 130 \* Doswell, VA 23047 \* Fax: 804-994-2927 \* Phone: 804-994-2800**

**[gmartin@meadoweventpark.com](mailto:gmartin@meadoweventpark.com) ; [ssanders@meadoweventpark.com](mailto:ssanders@meadoweventpark.com)**

**Instructions**

- 3 night reservations will be filled first followed by 2 night reservations. No reservations accepted for 1 night stays, these will be accommodated on a first come first served basis and you can check in at Horse Show Office for availability.
- No reservations accepted without prepayment. Spaces are 25’W x 64’ L
- No phone reservations; accepted only by mail, email or fax. Checks payable to Commonwealth Fairs & Events, Inc.. No refunds will be issued by Commonwealth Fairs & Events, Inc.
- Forms without payment will not be accepted. \$50 charge for NSF checks.
- Decal will be provided upon entry. (Check in at Horse Show Office).
- Limited sites with individual sewer service available (will be assigned on a first come first served basis). Dump station available in camping areas
- Camping areas are located on grass with gravel roads that provide access to spaces

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Type of Vehicle - License# State:** \_\_\_\_\_

**Event you are participating in:** \_\_\_\_\_

○ **Hook up Spaces (water, 30 & 50 amps) Limited Sewer:**

Requested 30 amp \_\_\_\_\_ 50 amp \_\_\_\_\_

3 Nights: Thursday March 26<sup>th</sup> check in - Sunday March 29<sup>th</sup> check out (\$90.00) \_\_\_\_\_

2 Nights: Friday March 27<sup>th</sup> check in – Sunday March 29<sup>th</sup> check out (\$60.00) \_\_\_\_\_

# of Spaces \_\_\_\_\_ x (\$90.00 or \$60.00) per space = \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

**If payment is by Credit Card, complete the following below: MC VISA DISCOVER**

**Account #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Verification Code:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_ - \_\_\_\_\_

**Name as it appears on card:** \_\_\_\_\_ **Billing Zip** \_\_\_\_\_

**Check #** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Office Use Only: Amount Received** \_\_\_\_\_