



APHA Zone 5 Show – April 25-26, 2020

Camping Reservations

Reservations **MUST** be made on this form with accompanying check
No reservations will be accepted or final until payment has been received

Name _____

Street Address _____

City/State/Zip _____

Phone Number _____ Email: _____

Check box to receive a confirmation email when your reservation has been received

\$25 per spot, per night

_____ Nights x _____ Spots x \$25 = \$ _____

*****All camping spots will be ASSIGNED.** If you park in a spot that is not assigned to you, you will be required to move.
*****Saving spots will not be allowed*****

Preferred Camping Spot # _____ (see map on www.iowapainthorseclub.com under Zone 5 tab)

***Camping will be assigned based on date of receipt. If your preference is taken, every effort will be made to get you as close as possible to your preferred spot.

Total Amount \$ _____

Camping with: *(all checks/forms must be submitted at the same time to guarantee placement together)*

NAME

Phone Number/Email

Mail Completed form and payment to: CHECKS MADE PAYABLE TO APHA ZONE 5

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