

2009 RV Registration Form
To register, your RV must be self-contained.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

RV Club _____

Email: _____ Phone: _____

TYPE OF RV: Motorhome Trailer 5th Wheel Truck/Camper

Make of RV: _____ Length of RV: _____ Regist # _____

Make of tow or towed vehicle: _____ Regist# _____ State _____

Fee for Weekend - \$60.00 per RV (2 ADULTS) \$20.00 each additional adult

Children ages 14 & older - \$20.00, Children under 14 - free

of Adults _____ (\$60.00 for 2 adults, \$20.00 each additional adult)

of Children _____ (14 & older - \$20.00, under 14 - Free)

IN CASE OF EMERGENCY, NOTIFY:

The undersigned hereby accepts full responsibility for our unit, and persons with our unit, while attending the South County Balloon Festival, and I hereby release, indemnify and hold harmless The Rotary Club of Wakefield, its members, directors, officers, employees, agents and volunteers, and any and all sponsors of the Balloon Festival for all liability, causes of action, claims and demands of every kind and nature whatsoever for accidents, damage, injury, illness or related or similar claims to myself and my property, and anyone claiming by or through me.

SIGNED _____ DATE _____

Make check payable to: The Rotary Club of Wakefield

Send to: Russell Bertrand P.O. Box 382 Wakefield, R.I. 02880

balloonfest4rvs@cox.net