

**OFFICE USE ONLY**

Reg. Number: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Refund Due: \_\_\_\_\_

**STATE FAIR PARK**

**DORMITORY REGISTRATION FORM**

**COST: \$91.68 PER NIGHT (sleeps 12)**  
**(includes tax & continental breakfast 6-9 AM)**

**Bathroom and shower in each room**  
**Bring your own towels and linens**

NOTE: Complete registration form **with signature & payment**. Make checks payable to **State Fair Park**.

Mail to: WSFP Youth Center , 4-H Horse Show  
640 S 84<sup>th</sup> Street  
West Allis, WI 53214

On-line reservations at: wistatefair.com

**DO NOT MAIL WITH SHOW ENTRIES**

Please complete with name and address of the **adult assuming responsibility/payment** for dorm room:

NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

HANDICAPPED ACCOMMODATIONS REQUESTED: YES \_\_\_\_\_ NO \_\_\_\_\_

TYPE OF ROOM REQUESTED: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ FAMILY \_\_\_\_\_

DATE/S: Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

LIST NAME OF ALL OCCUPANTS (maximum of 12):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Upon signing this form I accept responsibility for the room requested.

Adult Chaperone \_\_\_\_\_  
(Reservation will not be accepted without signature)

**- NO REFUNDS -**