

PRIMITIVE CAMPING REGISTRATION FORM

Name: _____

Address: _____

City, State & Zip: _____

Phone Number: _____

Kind of Unit: (Circle those that apply)

Trailer

Motor Home

Pick-up

5th Wheel

Fold Down

Tent

Bus

Van

Camper License Number: _____ Make: _____

Tow Vehicle License Number: _____ Make: _____

Number of people in your party: Adults _____ Children _____

Camping is available beginning on Saturday, August 2, 2025 until Monday, August 11, 2025. You must pay for every night your camper is at the site even if you are not staying in it every night. If you have a generator and plan on using it, you will need to park along the north fence. Generators must be off by 10:00 p.m. If you have a medical reason that requires you to keep your generator/inverter running, we ask you to park towards the east side of the campgrounds.

VISITOR: Please list nights staying: _____

Number of Nights x \$10.00 = \$_____

Please return this registration form by either:

- Email: acthreshermen@gmail.com
- Mail: P.O. Box 333, Albert City, IA 50510
- Or bring with when you arrive at the campground

Please make payment by mailing a check, bringing with to the campground, or through our website. (Website payment directions: www.albertcitythreshermen.com; click on the merchandise tab; click on buy now under "Donate to Albert City Threshermen Show; click "your value" and enter your amount due; add to bag and complete checkout process; in payment section in the order comments please put for primitive campground)

Registration Form Received: _____

(To be filled out by Threshermen Secretary)

Payment Received: _____

(To be filled out by Threshermen Secretary)