

Super Rally Registration Form

January 17 - 21, 2018



Location: Florida State Fairgrounds
4800 US Highway 301 N., Tampa 33610

RV SuperShow Hours: **NO**
Wednesday - Saturday, 9AM - 6PM **Early Birds!**
Sunday, 9AM - 5PM

Parking: All sites approximately 20' x 40' on grass.
You must come in together to park together.
Groups/Clubs of 8 or more, please contact our office.

Facilities: No Dump Station on grounds. Arrive with full fresh water and empty holding tanks. No public showers.

Bikes/Scooters: Not allowed in SuperShow grounds.
Only handicapped vehicles are permitted with proper tags.

Pets: Allowed on leash. Must clean up after them.

Registration Fees:

\$215.00 per rig, up to 2 people
\$ 10.00 each additional person

Note: An extra \$10 will be charged for on-site registrations.
Registration Deadline: December 15th

Includes:

- * 4 Nights of Camping
- * 30 Amp Electric Service Hook-up
- * Coffee & Doughnuts each Morning
- * 3 Nights of Entertainment
- * Free Unlimited Admission to the Florida RV SuperShow

Note: Confirmations will be sent by email if provided.

Cancellation: Must be received in writing by January 10th for a refund. Cancellation Fee: \$15.00.

Thursday: Kenny Evans

From Pigeon Forge Kenny will perform a tribute to the Golden Oldies hit's.

Friday: Sunday Drive

Award winning Trio known for their family harmony, warm, smooth voices & humor.

Saturday: The Rivoli Revue

Ron & Kay are back again with an all new show
Exciting, funny & energetic!

Make payable to **FRVTA** and mail with bottom portion to:

FRVTA - Super Rally, 10510 Gibsonton Drive, Riverview, FL 33578
For additional information contact us at 813-741-0488 or visit www.frvta.org

----- **DETACH HERE** -----

PLEASE PRINT CLEARLY

Name: _____
Last Attendee 1 Attendee 2

Mailing Address: _____

City/State/Zip: _____

Phone: _____ E-Mail: _____

Handicapped: (Circle) Yes No Club/Group: _____ (If applicable)

Arrival Date: _____ Rally Fee (1 or 2 Persons) \$215.00 **Total Amount Enclosed:**

Coach/Unit Length (ft): _____ Add'l Person \$10.00 each \$ _____ \$ _____

Type (5W, TT, MH): _____

----- Do Not Detach -----

To pay by Credit Card complete below. (Visa, MasterCard, Discover or American Express) Fax to 813-741-0688

Card Number: _____ Expiration Date: _____

Name on Card: _____ Security Code (3 digits on back): _____

Card Billing Address (if different from above): _____