



**HALIFAX COUNTY FAIRGROUNDS
CAMPER SITE RENTAL APPLICATION**

P. O. Box 699
Halifax, VA 24558

Phone: 434-476-3300

Fax: 434-476-3384

NAME

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE

**OTHER CONTRACT
NUMBERS**

TYPE OF CAMPER

**LICENSE NUMBER OF
CAMPER**

STATE

LICENSE NUMBER

DATE OF ARRIVAL

DATE OF DEPARTURE

Rental cost per day: \$35 X ____ number of Days
(Rental by Month: \$500 per month)
=Amount accompanying application: \$_____

I certify that I agree to be responsible for any damage that may occur to the property, vehicles, furniture, or equipment during the use for which this application is being made and will save Halifax County, its Board of Supervisors, agents, and employees harmless from any liability that results from said use. I further agree to be responsible for the maintenance of good order and conduct at the site.

Signature of Applicant _____ Date _____

For Office Use:

Approved by _____ Date _____ Site ID # _____

NO REFUNDS AFTER THE APPLICATION HAS BEEN APPROVED.