

KINGDOM BOUND 2010 ON-GROUND RESERVATION FORM

U.S. FUNDS ONLY

Send form & deposit in U.S. funds to: KB Reservations, P.O. Box 1622, Williamsville, NY 14231

Please fill out the type of accommodations (trailers, campsites or hotel rooms) and number of sites you would like to reserve. Please list your preference: location or families to be near. Kingdom Bound does not guarantee site locations. An invoice will be sent in November verifying your order, do not call to verify receipt of your order. Please mail all orders certified mail. Please keep a copy for your records.

HOTEL PREFERENCES

1. # OF HOTEL ROOMS: _____
 2. *SPECIAL NEEDS: _____
 3. FLOOR CHOICE: 1st. _____ 2nd. _____ 3rd. _____ Pool View: YES NO
 4. Additional Preferences: _____
 5. Extra Camper Bands # _____ (Maximum 1 extra per site)
 6. Reserved Seating: Event - \$35 per person, single day - \$10 per person
_____ Event _____ Sun _____ Mon _____ Tues. _____ Wed. *Seats are assigned on first come, first serve basis.*
- *must include Doctor's note and/or copy of handicapped parking pass

Package Cost \$	_____
Extra Camper \$	_____
Resv. Seating \$	_____
Sub Total \$	_____
3% Conv. Fee \$	_____
Grand Total \$	_____
Less Deposit \$	_____
Balance Due \$	_____

R.V. PREFERENCES

1. # OF 35 FT. TRAILERS: _____ Check: General RV _____ Exec. Dr _____ Lake Preferred _____
Sites 396-407 Sites 19-34
 2. *SPECIAL NEEDS: _____
 3. SITE # CHOICE: (list 3 separate sections) 1. _____ 2. _____ 3. _____
 4. Additional Preferences: (location) _____
 5. Extra Camper Bands # _____ (Maximum 2 extra per site)
 6. Reserved Seating: Event - \$35 per person, single day - \$10 per person
_____ Event _____ Sun _____ Mon _____ Tues. _____ Wed. *Seats are assigned on first come, first serve basis.*
- *must include Doctor's note and or copy of handicapped parking pass

Package Cost \$	_____
Extra Camper \$	_____
Resv. Seating \$	_____
Sub Total \$	_____
3% Conv. Fee \$	_____
Grand Total \$	_____
Less Deposit \$	_____
Balance Due \$	_____

HOOK UP PREFERENCES (WATER & ELECTRIC)

1. # OF HOOK UP SITES: _____
 2. *SPECIAL NEEDS: _____
 3. SITE # CHOICE: (list 3 separate areas) 1. _____ 2. _____ 3. _____
 4. Sewer Needed: YES NO (Based on availability) Amps Needed: 20 30 (check one)
 5. Equipment: # of Tents _____ Tent size _____ RV (size) _____
 6. Additional Preferences: (location) _____
 7. Extra Camper Bands # _____ (Maximum 2 extra per site)
 8. Reserved Seating: Event - \$35 per person, single day - \$10 per person
_____ Event _____ Sun _____ Mon _____ Tues. _____ Wed. *Seats are assigned on first come, first serve basis.*
- *must include Doctor's note and or copy of handicapped parking pass

Package Cost \$	_____
Extra Camper \$	_____
Resv. Seating \$	_____
Sub Total \$	_____
3% Conv. Fee \$	_____
Grand Total \$	_____
Less Deposit \$	_____
Balance Due \$	_____

Canadian customers are required to send payments in the form of U.S. money order or credit card.

METHOD OF PAYMENT U.S. CHECK OR U.S. MONEY ORDER # _____ Amount Pd \$ _____

MC Visa Discover Credit Card # _____ Exp. Date _____
A 3% convenience fee may be added to all orders. 3 digit security code

Signature _____ Is this a debit card? YES NO

PLEASE AUTOMATICALLY CHARGE MY BALANCE DUE ON MARCH 16, 2010 Initial here _____ (Reservations made 10/3/09 - 3/16/10)

PLEASE AUTOMATICALLY CHARGE MY BALANCE DUE ON MAY 17, 2010 Initial here _____ (Reservations made 3/17/10 - 5/17/10)

I have read and understand the Accommodations Reservations Policy _____ Initials *Mandatory \$30 FEE FOR RETURNED CHECKS

Name _____

Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Home # _____ Cell # _____ Email: _____