

North Jersey Kennel Club

RV Parking Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Type of vehicle (check one) Motorhome [] Pull Trailer [] Total length _____

Make of vehicle _____ Plate/State _____

Handicapped Required Yes or No _____

- NOTE: Limited spacing and will be issued on a first come, first served basis *

Payment must accompany the reservation form one night or two _____.

Total Amount _____

Check # _____ Estimated Time of arrival: Day _____ Time _____ AM/PM

Name _____ Please Print

Signature _____ Date _____

Please Make Check Payable To **North Jersey Kennel Club**

Please mail payment to:

Chris Koenitz

128 Flanders-Drakestown Road

Flanders, NJ 07836

201-602-3216

Email us at: northjerseykc@shaads.com