

WYOMING CMSA - CAMPBELL COUNTY SHOOTOUT

MAY 22-23, 2021

STALLING & CAMPING RESERVATION FORM

****ALL STALLS & CAMP SITES ARE ON CAM-PLEX GROUNDS****

Please e-mail, mail, or fax this form and payment to:

CAM-PLEX Multi-Event Facilities

1635 Reata Drive

Gillette, WY 82718

Attn: Heather Kuhrt

Office - 307-682-0552

Fax - 307-682-8418

*If you have questions while completing this form, please call Heather at CAM-PLEX
307-682-0552 or e-mail heather@cam-plex.com*

RESERVATION INFORMATION:

Name:	
Address:	
City/State/Zip:	
Phone:	
Email:	
Arrival Date: _____ Departure Date: _____	
Early Arrival begins Thursday, May 20, 2021. Campgrounds/Stalls must be vacated by noon Monday, May 24, 2021 unless arrangements have been made with CAM-PLEX.	

STALLING FEES: Boxelder Stalls

Horse Stall # Nights _____ x \$ 17.00 x _____ # of Stall(s) = \$ _____

CAMPING FEES: Windmill Campground

Camping Site # Nights _____ x \$ 30.80 x _____ # of Space(s) = \$ _____

***Rates above include Tax.*

TOTAL: \$ _____

****Reservations will not be accepted without payment in full ****

Make check or money order (U.S. funds) payable to CAM-PLEX or we accept MasterCard or Visa ONLY

**Please note - CAM-PLEX is also known as Campbell County Public Land Board and will appear on your credit card statement as such*

Credit Card Type: _____ **Credit Card Number:** _____

Expiration Date: _____ **3 Digit Security Code:** _____

I agree that I am responsible for payment, and that my camping unit must be off CAM-PLEX grounds by 12:00 PM on my departure date above unless contact is made with the CAM-PLEX Office. I agree, in consideration for being able to participate in this event, to release and to indemnify and hold harmless Campbell County Public Land Board, CAM-PLEX and its employees, from all liability for injury or damages to my person or property, or the property of persons who accompany me to this event. With knowledge of the type of risk or harm which might occur at such an activity, I sign this release and indemnity as part of my application.

Applicant Signature _____

Date _____