



NORTHERN CALIFORNIA STATE SAMBOREE "Out Of This World"

April 25 – April 29, 2012

Lodi Grape Festival Grounds, Lodi, California

Activities: Arts & Crafts Show & Sale, Commercial Sales, Craft Show & Classes, Entertainment, Pet & Theme Parades and More!!

Facilities: **DRY CAMP** – Water and Dump Station Available on Grounds

HOBO PARKING – Rigs will be parked on a first come, first served basis. Arrangements may be made for **Chapter Parking**. No rigs will be parked after 5:00 PM. Late arrivals park in the holding area until 7:30 AM next day.

Registration: Wednesday – 8:30 AM to 3:30 PM, Thursday & Friday – 8:30 AM to 4:30 PM

Commercial Sales: **Betty Gaspar**, 63 Sandburg Drive, Sacramento CA 95819 **916-456-6857**

Chapter Raffles: **Maxine Brueggemann**, 700 Arbor Oaks Drive, Vacaville CA, 707-448-4523

Workers: **WORKERS ARE NEEDED!** If you wish to become a worker, please indicate on the back of the application. There are additional charges for extra camping days.

Worker(s) Confirmation Letters will be mailed after April 1, 2012.

Name #1: _____ Name # 2: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____ First Time Attendee? Yes _____ No _____

Are You A Good Sam Member? Yes _____ No _____ Chapter Name: _____

State Officer: State: _____ Position: _____

Handicap Parking: _____ DMV Handicap Number: _____ Electricity: Yes _____ No _____

ELECTRICITY WILL BE LIMITED TO SPECIAL NEEDS – PLEASE INDICATE NEED (S):

Wheelchair: _____ Breathing Equipment: _____ Other: _____

Samboree Registration, Family* Rate (3 or more) per Rig, Thurs, Fri, & Sat Nights	\$82.00 _____	(\$87.00 At Gate)
Samboree Registration, Family* Rate (3 or more) per Rig, Fri, & Sat Nights	\$67.00 _____	(\$72.00 At Gate)
Samboree Registration, 2 People per Rig; Thurs, Fri & Sat Nights	\$77.00 _____	(\$82.00 At Gate)
Samboree Registration, 2 People per Rig; Fri & Sat Nights	\$62.00 _____	(\$67.00 At Gate)
Singles Registration, Per Rig; Thurs, Fri & Sat Nights	\$72.00 _____	(\$77.00 At Gate)
Singles Registration, Per Rig; Fri & Sat Nights	\$57.00 _____	(\$62.00 At Gate)
Worker(s) Extra Nights; Tues _____ Wed _____ @ \$17.00 Per Night	\$ _____	
Extra People per Rig: Number of People _____ @ \$10.00 Each	\$ _____	
Walkin's (per Day) Number of People _____ @ \$5.00 Each	\$ _____	
Ladies Luncheon: Number of People _____ @ \$10.00 Each	\$ _____	
Saturday Night Dinner: Number of People _____ @ \$13.00 Each	\$ _____	
Total Paid:	\$ _____	

PLEASE MAKE CHECKS PAYABLE TO "NOR-CAL GOOD SAM ASSOCIATION" AND MAIL TO: Ulla Steele, Samboree Treasurer: 10190 Van Parker Lane, Galt CA 95632, 209-747-2966
(Registration must be postmarked by April 10, 2012, to be processed on time)

By completing this form, all participants accept full responsibility for the welfare and safety of themselves, guests and vehicle(s) while attending this Samboree and relieve Northern California Good Sam Association from liability of damages caused by events not under their control. (09/23/10). www.norcalgoodsam.org

Please Complete Reverse Side

SAMBOREE VOLUNTEER WORKER(S) REGISTRATION FORM

WORKERS ARE NEEDED! If you would like to be a worker, please indicate your preferences. In order for you to park in the workers' parking area and you are a couple, **both of you must sign up to work** and must be checked in by **WEDNESDAY**. If you are coming in as a Chapter and both will be working, please indicate which jobs both of you will be doing. We cannot assume that a job your Chapter does will be done by all of the members attending, nor can we assume both husband and wife, or significant other, are working every year. Please complete both choices in case your 1st choice is full, we may use your 2nd choice. Thank you!

1st Worker: _____ 1st Choice: _____ 2nd Choice: _____

2nd Worker: _____ 1st Choice: _____ 2nd Choice: _____

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|--------------|-------------------------|-------------------------|------------------------|
| Jobs: | 1 - Security | 4 - Commercial | 7 - Door Prizes |
| | 2 - Parking | 5 - People Mover | 8 - Craft Show |
| | 3 - Registration | 6 - Games | 9 - Hospitality |

IN CASE OF EMERGENCY, PLEASE NOTIFY:
(Must Be Completed)

Name: _____

Address: _____

City: _____ **State:** _____ **Home Phone:** () _____

Work Phone: () _____ **Relationship:** _____

POSITIVELY NO REFUNDS AFTER APRIL 13, 2012

* Please list additional family members for family rate and their age and relation to you.

Name: _____ Age _____ Relationship _____

Name: _____ Age _____ Relationship _____

Name: _____ Age _____ Relationship _____

Name: _____ Age _____ Relationship _____

Name: _____ Age _____ Relationship _____