



RV & Overnight Camping Information

- Reservations will be processed and confirmed on a first come, first served basis, full payment due at time reservation is confirmed.
- RV reservation forms must be completed and returned to WRMC in person, by mail, or to the e-mail address listed below. **All reservations must have a completed reservation form in order to be processed.** Applications may not be completed over the phone.
- All RV spaces are for trailers with living quarters only.
- Spaces are assigned on a first come, first served basis
- **RVs must have permits/documentation provided by WRMC prior to accessing campgrounds. No exceptions.**
- Refunds are not allowed.

Rates:

North Red Lot (104 spaces) - North of John Justin Arena - 30/50 amp hook-up (water, electric, sewer) - \$60 per night

Yellow Lot (78 spaces)- South end of Trail Dr. - 30/50 amp hook-up (water, electric, & sewer) - \$60 per night

West Red Lot * (30 spaces) - by Swine & Sheep Barn - 30 amp hook-up (water and electric Only) - \$30 per night

***vehicles 33' or smaller not including tow vehicle.**

Completed applications should be returned to:

WRMCRetail@fortworthtexas.gov

Contact Information:

WRMCRetail@fortworthtexas.gov or 817-392-7811



RV Space Application

See attached for prices and instructions.

Preference: _____ 30 amp hook-ups (West Red Lot)
 _____ 30/50 amp hook-ups (North Red Lot
 near Justin Arena)
 _____ 30/50 amp hook-ups (Yellow Lot
 South end of Trail Dr.)

Event Name: _____

Arrival date: _____ **Departure date:** _____

Do you wish to be placed on a waiting list if the lots are sold out? Yes No

Total Length of RV/trailer (including gooseneck): _____

RV/trailer license #: _____ State issued: _____

Name (Person staying on property) : _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone #: _____ **Alternate #:** _____

E-mail: _____

NOTE: It is important to list accurate contact information so we may contact you directly to complete the confirmation process.

My signature below signifies that all of the information listed on this application is true and accurate

I understand that Will Rogers Memorial Center Staff will contact me directly to finalize/collect payment and confirm my RV Reservation.

I also understand, this process will involve processing a credit card payment over the phone. My signature below authorized WRMC to charge my credit card an amount equal to the to total amount due for my stay.

Authorized credit card user signature

Date

For Office Use Only: _____ RV Space # _____ N _____ Y _____ W
 Payment Type: ___V___ M___ A___ D_____ Check# _____ Cash Parking Pass # _____
 Copy to Accounting: ___/___/_____
 Packet Picked Up: ___/___/_____
 Name of Person Picking Up Packet: _____