



# 2007 KNOXVILLE NATIONAL'S RACE FAN HOUSING & CAMPING REQUEST FORM

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/PROVENCE: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ E-MAIL \_\_\_\_\_

BEST TIME TO CALL: \_\_\_\_\_

**HOUSING NEEDS/PREFERENCES:**

TOTAL NUMBER OF PERSONS SEEKING HOUSING: \_\_\_\_\_ INCLUDES: \_\_\_\_\_ ADULTS \_\_\_\_\_ CHILDREN

TOTAL NUMBER OF SEPARATE ROOMS REQUESTED: \_\_\_\_\_

TOTAL NUMBER OF SEPARATE BEDS REQUESTED: \_\_\_\_\_

SIZE OF BED REQUESTED: \_\_\_ KING \_\_\_ QUEEN \_\_\_ FULL \_\_\_ SINGLE \_\_\_ NO PREFERENCE

**OPTIONAL** YOUR AGE GROUP: \_\_\_ 20-30 \_\_\_ 30-40 \_\_\_ 40-50 \_\_\_ 50-60 \_\_\_ 60+

Y N I PREFER TO STAY IN A PRIVATE HOME

Y N I AM WILLING TO STAY IN A CAMPER OR MOTOR HOME

SPECIAL NEEDS/CONCERNS: (HANDICAPPED ACCESSIBILTY, BEEDING NEEDS/PREFERENCES, SHOWER/BATH PREFERENCES, ETC)

**CAMPING NEEDS/PREFERENCES:**

NUMBER OF PEOPLE IN GROUP: \_\_\_\_\_ NUMBER OF CAMPING UNITS IN GROUP \_\_\_\_\_

TYPE OF UNITS: \_\_\_\_\_ APPROXIMATE SIZE/AREA NEEDED: \_\_\_\_\_

FACILITIES NEEDED/REQUESTED, INDICATE "E" FOR ESSENTIAL OR "O" FOR OPTIONAL

ELECTRICITY \_\_\_\_\_, WATER \_\_\_\_\_, SHADE \_\_\_\_\_, SHOWERS \_\_\_\_\_, LAUNDRY FACILITIES \_\_\_\_\_

OTHER: )SPECIFY) \_\_\_\_\_

**PREFERRED FACILITES: (PLEASE CHECK THE FOLLOWING)**

SMOKING ALLOWED \_\_\_\_\_ NON-SMOKING ONLY \_\_\_\_\_ NO PREFERENCE \_\_\_\_\_

BEER/ALCOHOL ALLOWED \_\_\_\_\_ ALCOHOL FREE ONLY \_\_\_\_\_ NO PREFERENCE \_\_\_\_\_

PETS ALLOWED \_\_\_\_\_ NO PETS ALLOWED \_\_\_\_\_ NO PREFERENCE \_\_\_\_\_

Y N I WILL BRING A PET IF ACCOMMODATIONS CAN BE SECURED, TYPE OF PET \_\_\_\_\_

I PREFER TO HAVE ACCOMMODATIOHNS: \_\_\_\_\_ IN THE CITY OF KNOXVILLE, \_\_\_\_\_ RURAL/NEAR KNOXIVLLE  
\_\_\_\_\_ NO PREFERENCE

**FEES; ARRIVAL & DEPARTURE DATES:**

ANTICIPATED ARRIVAL DATE: \_\_\_\_\_ EXPECTED DEPARTURE DATE: \_\_\_\_\_

I understand the Knoxville Chamber of Commerce is providing a service and charges a non-refundable \$10 processing fee. The decision to stay after receiving information about potential hosts is solely mine and that of the host. The rate, services, or other "perks" while I will receive will be my own choice and the choice of the host. If problems arise, I will deal with the host directly.

DATE \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

We encourage you to send a personal letter with this form to help us make the best match possible.

Enclosed is my registration payment in the amount of \$10.00 \_\_\_\_\_

Charge my: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Number \_\_\_\_\_ Expiration: \_\_\_\_\_

**MAIL COMPLETED FORM & \$10 REGISTRATION TO:**

**KNOVILLE CHAMBER OF COMMERCE, 309 E MAIN STREET, KNOXVILLE, IOWA 50138**

**VISA OR MASTERCARD USERS MAY FAX TO: (641-828-7978). NEED MORE INFO? CALL (641) 828-7555.**

**ACCOMMODATION FEES ARE NEGOTIATED BETWEEN HOST & GUEST**