

**FORM MUST BE COMPLETED,  
SIGNED AND RECEIVED BY:**

**MARCH 2, 2018**



## 2018 SEASON GARAGE RENTAL FORM

To reserve a garage bay for the 2018 LRRS season, complete this form and return to NHMS by the deadline of March 2, 2018. The full season rental amount is \$1,430.00 and is payable in two payments of \$715.00 each. Credit card, check, cash and money orders are accepted. This fee includes the tire disposal fee. The first payment is due on March 16, 2018 and the second payment is due on July 9, 2018. Full payment is also accepted.

Payment(s) **must** be made before anyone is allowed to occupy the garage bay for the event. Failure to meet proper payment deadlines will result in the loss of the garage. After the deadline, garages will be available on a first come, first served basis.

Name of Renter/Business (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Garage Location: NORTH GARAGE BAY: \_\_\_\_\_ CENTER GARAGE BAY: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Type of Card: VISA MC DISC AMEX

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Four (4) parking passes are assigned per garage bay with the renter automatically receiving one pass. Passes **MUST** be properly displayed in plain sight and vehicles **MUST** fit in the assigned garage space that coordinates with your garage. **NO EXCEPTIONS WILL BE MADE TO THIS RULE. No Pass = No Park.** Parking passes are **NOT** camping passes. You **MUST** have a separate pass in order to camp.

I understand by signing this reservation form below, that I am obligated to pay for the garage bay rental, whether or not I actually use the bay and/or attend any event(s). I understand that my credit card will be charged \$715.00 on the dates listed above if I have not already paid in full. I also acknowledge that I have read the **LRRS SEASON GARAGE RENTAL RULES AND REGULATIONS** and agree to abide by the rules. I agree that my failure to do so will result in my losing garage bay rental privileges and possible fines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DO NOT WRITE BELOW – FOR OFFICE USE ONLY

	PAID	CLERK	TOTAL
March 16, 2018	\$715.00		
July 9, 2018	\$715.00		

MAIL: LRRS  
NHMS  
PO BOX 7888  
LOUDON, NH 03307

FAX: 603.783.8323

EMAIL: LRRS@NHMS.COM