

Registration VAC Pre-Parade Gathering

Bozeman KOA

Names _____

WBCCI# _____

Airstream Year _____

Airstream Model _____

Address _____

City _____

State _____

ZIP _____

Phone# _____

If you want a receipt include SASE. Send this form and your check for \$47 made payable to Herb Spies to:

**Herb Spies
VAC 1st VP
PO Box 844
Shalimar, FL 32579**