



WILL ROGERS
MEMORIAL CENTER
FORT WORTH

RV & Overnight Camping Information

- Reservations will be confirmed on a first come, first served basis, full payment due at time reservation is confirmed.
- RV applications must be completed and returned to the e-mail address or fax number listed below. All reservations must have a completed application prior to reservation being confirmed. Applications may not be completed over the phone.
- All RV spaces are for trailers with living quarters only. Limited generator parking in a designated lot.
- Spaces are assigned on a first come, first served basis and according to size of the RV.
- Showers available in the Swine Barn and Will Rogers Coliseum.
- ***RVs must have permits/documentation provided by WRMC prior to accessing campgrounds. No exceptions.***
- No Refunds.
- Spaces rented at show rate only. No daily rentals.

Rates:

North Red Lot (104 spaces) - North of John Justin Arena - 30/50 amp hook-up (water, electric, sewer) - \$420

Yellow Lot D (78 spaces)- South end of Trail Dr. - 30/50 amp hook-up (water, electric, & sewer) - \$420

West Red Lot * (22 spaces) - by Swine & Sheep Barn - 30 amp hook-up (water and electric Only) - \$210

*vehicles 33' or smaller not including tow vehicle.

Yellow Lot C (Limited availability) - South end of Trail Dr. - Generator (no electric, water or sewer) - \$140

Completed applications should be returned to:

WRMCRetail@fortworthtexas.gov

For more information:

WRMCRetail@fortworthtexas.gov or 817-392-7811



RV Space Application



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Use one form per RV. 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.)
- Dry Camping/Generator (Yellow Lot C)

S	M	T	W	Th	F	S
				25	26	27
28	1	2	3	4	5	6
7	8					

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: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ 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 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: _____