

LAKE COUNTY WATER AUTHORITY

27351 SR 19

TAVARES, FL 32778

(352) 324-6141

Fax: (352) 324-6364

Office Hours: 8:30 a.m. – 5:00 p.m., Monday – Friday

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Total Number of Participants _____

1. Number of Participants by age group:

1-12 _____ 13 -17 _____ adults (18 & up) _____

2. Will activity be open to the public? YES _____ NO _____

3. Will a fee be charged? YES _____ NO _____

4. Number of camp tents _____

5. Will a sign or banner be displayed? YES NO
(If YES, please describe and give exact wording).

6. If you have any special requests for this event, please list them below:

7. Please attach Documentation indicating that this campout was approved by the group's governing body.

8. **Please submit a \$50.00 refundable deposit.** Upon approval by Land Management staff, deposits will be returned after the camping date.

I hereby acknowledge sole responsibility for any damages and all accidents or injuries to persons or property resulting from this group's use of the facility. I hereby release, waive, and discharge the LCWA, its officers, agents, volunteers, site residents, and employees from any and all claims or damages of any kind pursuant to this agreement.

Signature of Person Responsible for Group

Date

FOR OFFICE USE:

Insurance Requirement met? _____ **Not Applicable** _____

Permit Approved by _____ **Date approved** _____

FIP group _____ **primitive** _____ **Deposit** _____

SIP primitive _____ **LNC primitive** _____ **BSA tour permit** _____

Date Refundable deposit returned _____ **Staff initials** _____