



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** \_\_\_\_\_