

APPLE RIVER CANYON STATE PARK
SHELTER RESERVATION APPLICATION
8763 E. CANYON ROAD
APPLE RIVER, IL 61001
815-745-3302

Complete all information requested. Send this application to the park along with a check or money order for \$25.00. Reservations are not final until confirmed by the park office and confirmation notice sent to the applicant. If shelter is not reserved, it may be used on a first come, first serve basis. The shelter reservation fee is required for each day the shelter is reserved.

Group Name (if applicable): _____
Person Responsible: _____
Address: _____
City, State, Zip: _____

Home Phone: ____/____/____ Work Phone: ____/____/____

Number of people in Group: _____

Shelter you wish to reserve:

- Concession
- Devils Hollow (West Branch)

Date of Reservation: ____/____/____

Arrival Time _____: _____ Departure Time _____: _____

RULES AND REGULATIONS:

- Shelter reservations are subject to all statues and administrative rules governing the park. Any violation may result in the revocation of this permit with no refund and denial of future requests.
- Reservations are accepted by mail and in-person only. No telephone reservations.
- Reservations through the mail must be made at least one week in advance of the reservation date. In-person reservations will be accepted up until 8:00 am of the day of the reservation.
- Reservation fee (\$25.00) must accompany application.
- Reservation fees are non-refundable unless area is closed by the Department of Natural Resources.
- Make Check payable to Dept. Of Natural Resources.

I have read and understood the conditions of this application

Signature of Applicant: _____

OFFICE USE ONLY

DATE RECEIVED: _____ CONFIRMATION SENT: _____

RESERVATION CLERK SIGNATURE: _____