

APPLICATION FOR GROUP CAMP RESERVATION

INSTRUCTIONS: Complete all information requested. Send the entire application *directly to the park* along with a check or money order for \$5.00. Reservations are not final until confirmed by the park office and confirmation notice sent to applicant.

Group Name (if applicable): _____

Person Responsible: _____ Number of People in Group: _____

Address: _____ Park Address: _____

City, State, Zip: _____ Sand Ridge State Forest

Home Phone: _____ P. O. Box 111

Work Phone: _____ Forest City, Illinois 61532

First Choice: _____ Second Choice: _____

Month Day Year

Month Day Year

Arrival Time: _____ Departure Time: _____ Arrival Time: _____ Departure Time: _____

Please Note: A group camp reservation does not indicate exclusive use of the group camp area. Carrying capacity of the area, as determined by site management, will dictate the number of groups allowed at any given time.

REMEMBER:

- ▶ **Group camp reservations are subject to all statutes and administrative rules governing the park, which are posted at the site. Additional site-specific rules will be sent with your confirmation notice. Any violations will result in the revocation of this permit and denial of future requests.**
- ▶ **Reservations are accepted by mail and in-person only. No telephone reservations.**
- ▶ **Reservation fee (\$5.00) must accompany application**
- ▶ **Reservation fees are non-refundable unless area is closed by the Department of Natural Resources.**
- ▶ **Make check payable to Department of Natural Resources (Site Name).**

I have read and understand the conditions of this application

Signature of Applicant: _____

OFFICE USE ONLY

Date Received: _____

Reservation Not Confirmed/Reason: _____

Reservation Clerk: _____

Confirmation Sent: _____

