YOUTH GROUP CAMPING PERMIT JACKSON COUNTY CONSERVATION

| JCCB REPRESENT | ATIVE: | DATE: |
|--|--|--------------------------------------|
| Signature, Title | Complete Address | Zip Code |
| | Interpretive Center, 18670 63 rd Str | |
| Please complete this form | m and return with the required cam | ping fee to Jackson County |
| The undersigned has full authori | ty to represent the sponsoring organization: | |
| of or incident to the activities wheevecution hereof to indemnify an | nich are the subject of this application. The un and hold harmless the Jackson County Conserva consequence of the granting of this permit. | dersigned applicant agrees by the |
| | special event permit understands and agrees th County will be responsible for any injury to pe | |
| Applicant is responsible for any | ed site in the same condition as found, cleaning damages to county property during the event e state laws and Jackson County Conservation B | ither by participants or spectators. |
| 5) A fee of \$1 per youth | /adult per night is required for cam | ping. |
| | es total will be available for youth g | roup camping. |
| 3) Youth group rates are Memorial Day, July 4 | e not effective on any holiday week | ends including |
| for every 10 youths. | | |
| , , , , , , , , , , , , , , , , , , , | ths will be allowed to camp at one youth(s) is mandatory. A minimum | |
| 1) No man than 25 year | the will be allowed to some at one | 4: |
| RESTRICTIONS: | | |
| NUMBER OF ADULTS | S (SUPERVISORS): | |
| NUMBER OF YOUTHS | S: | |
| TELEPHONE NO.: | | |
| CITY, STATE, ZIP: | | |
| ADDRESS: | | |
| CONTACT PERSON: | | |
| GROUP NAME: | | |
| DATE OF EVENT: | | |
| CAMPGROUND: | | |