

**CAMPING CABIN
RESERVATION REQUEST AND RESPONSIBILITY AGREEMENT**

Date Issued: _____

Instructions:

- Read the enclosed Information Sheet.
- Read, complete, and sign this form.

-Return the following items to: O'Brien County Conservation Board, 4931 Yellow Avenue, Peterson, IA 51047

This Completed Form

A Check For The Security Deposit of \$100.00 (per cabin)

A Check For The Full Rental Fee of \$ _____ + \$ _____ (5% excise tax) TOTALING \$ _____

** IF YOUR PAYMENT IS NOT RECEIVED WITHIN TWO WEEKS, THE REQUEST WILL BE CANCELLED, AND THE DATE OPENED FOR ANOTHER RESERVATION **

Fill in the highlighted areas and confirm the following information. (PLEASE PRINT)

You are agreeing to reserve the following cabin(s):

Mill Creek Park

_____ 6 Person East Cabin _____ 6 Person West Cabin
_____ 12 Person East Cabin _____ 12 Person West Cabin

Dog Creek Park

_____ Lake View _____ Sky View

Requested Dates: _____ Check Out Date: _____

Number In Your Party: Adults/Children: _____

Responsible Person's Name: _____

Address: _____

Street

City, State, Zip

Telephone No. _____ Cell Phone No. _____

CHECK ONE: _____ RETURN DEPOSIT CHECK _____ DESTROY DEPOSIT CHECK

(If you wish to have your deposit returned, please include a self-addressed stamped envelope. If one is not provided, your deposit check will be destroyed.)

I, the undersigned, being 21 years of age or older, am authorized to make this reservation request for the above-noted group/organization. I agree to deposit with the O'Brien County Conversation Board a security deposit in the amount of \$100.00 (one hundred dollars) per cabin. I agree that this deposit may be applied by the OCCB to wholly or partially satisfy any cleanup costs and/or damage to its property caused by the person utilizing the above listed cabin(s). Further, I understand that if damages exceed the deposit, I, the Undersigned, will be held responsible for full payment. I understand this reservation will not be processed without deposit and rental fee payments. O'Brien County Conservation Board reserves the right to enter the cabins in cases of safety, maintenance, or security problems. **Failure to clean up the facility and grounds or failure to comply with any posted park rule may result in forfeiture of all or part of the deposit.** I agree to assume full responsibility for the acts, negligence or omissions of members of the above listed group while using the cabin.

Signature: _____ **Date:** _____

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OCCB OFFICE USE: Received by: _____ Date: _____ ****LOCK CODE*** _____

Rental Paid: _____ Deposit Paid: _____

Confirmation Mailed: _____ Deposit Returned: _____