



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF STATE PARKS

APPLICATION FOR ORGANIZED GROUP CAMP FACILITY (PAGE 1 OF 2)

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? YES NO

Would you like to receive information and assistance regarding the agency's veteran services? YES NO

For information visit <http://mostateparks.com/CitizensMilitaryService>, or send an email to moparks@dnr.mo.gov or call 800-344-6946.

GENERAL INFORMATION

STATE PARK

ADDRESS

CITY STATE ZIP

OFFICIAL NAME OF GROUP CAMP AREA YOU WOULD LIKE TO RESERVE

PLEASE PROVIDE A MINIMUM OF THREE POSSIBLE DATES (Check-in no later than 3 p.m. on the date of arrival. Check-out no later than 3 p.m. on departure date)

FIRST CHOICE	DATE	TIME
	FROM TO FROM <input type="checkbox"/> AM <input type="checkbox"/> PM TO <input type="checkbox"/> AM <input type="checkbox"/> PM	
SECOND CHOICE	DATE	TIME
	FROM TO FROM <input type="checkbox"/> AM <input type="checkbox"/> PM TO <input type="checkbox"/> AM <input type="checkbox"/> PM	
THIRD CHOICE	DATE	TIME
	FROM TO FROM <input type="checkbox"/> AM <input type="checkbox"/> PM TO <input type="checkbox"/> AM <input type="checkbox"/> PM	

NAME OF ORGANIZATION ORGANIZATION E-MAIL ADDRESS

CORRESPONDENCE ADDRESS

CITY STATE ZIP

PERSON HANDLING CORRESPONDENCE OFFICE TELEPHONE NUMBER CELL/HOME TELEPHONE NUMBER

GROUP LEADER OR CAMP DIRECTOR OFFICE TELEPHONE NUMBER CELL/HOME TELEPHONE NUMBER

TYPE OF CAMPING GROUP (CHECK ONE)

Youth (groups with the majority of campers 18 years and younger)

Adult (groups with the majority of campers 19 years and above)

HIGHEST TOTAL OF PARTICIPANTS EXPECTED AT ONE TIME (INCLUDING CAMPERS, COUNSELORS, ETC.)

IS YOUR GROUP EXEMPT FROM SALES TAX? YES NO

If 'yes', enclose a current tax exemption letter with this application

If the applicant provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the applicant understands and agrees that it is voluntarily choosing to seek a state permit and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.



ORGANIZED GROUP CAMP TERMS AND CONDITIONS

Remove all trash from the unit and thoroughly clean before departure.

I acknowledge that this is a 100% SMOKE FREE facility and agree that I will be responsible for up to a minimum \$200.00 cleaning fee associated with the cleaning and additional charge for repair of rooms registered in my name and that have been damaged by TOBACCO SMOKE, MARIJUANA SMOKE and/or BURNS that have been caused by TOBACCO AND MARIJUANA (VAPE(S) are prohibited) PRODUCTS.

I acknowledge that the only dog(s) allowed are official service dog(s) assisting a person with a disability and if a service dog is being brought into the unit that it is communicated with the facility manager before the arrival of the stay. I acknowledge that if I have not disclosed that I, or someone in my party, has a service dog(s) or any dog(s) that I am bringing into the unit that I will be assessed a penalty of \$100.00, plus the per dog(s), per night charge from the start of the reservation and it will be due and payable immediately and non-refundable. I also understand that the park staff has the right to immediately evict me and others occupying the unit without refund for any unused rights.

I agree that Missouri State Parks will not be held responsible for any allergy or illness that my guests (visitors to the cabin/other occupants of the unit) or I might suffer as a result of renting this cabin.

ORGANIZED GROUP CAMP TERMS AND CONDITIONS (CONTINUED)

I agree that my liability for this unit is not waived and agree to be held personally liable and responsible for any loss or damage to the unit interior/exterior and its contents, including but not limited to, the nightly rental and for any extra cleaning required, at the rate of \$20.00 per hour (minimum one hour).

I acknowledge alcoholic beverages are prohibited without written authorization from the facility manager.

I acknowledge that rifle or archery range activity within the park shall request written permission from the facility manager

All users of group camp swimming pools shall require the presence of a lifeguard who holds an American Red Cross LifeGuard Certificate or equivalent.

(l) Regulations governing the use of a group camp swim area are as follows: 1. All registered youth groups must have a lifeguard, who holds a senior or instructor's lifesaving certificate or equivalent, present during any use of the designated swim area; 2. Registered adult groups may swim without a lifeguard present; 3. Children accompanying a registered adult group must have an adult present when swimming; and 4. All users must comply with posted rules and regulations

We agree to accept the confirmation issued, and will use the privileges granted thereby, subject to the regulations posted in the park and the Missouri Code of State Regulations. Permittee waives and releases all claims against the State of Missouri for any damages to person or property arising from the exercise of the privileges granted by this permit.

SIGNATURE (GROUP LEADER OR CAMP DIRECTOR)	DATE
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CONFIRMATION/PERMIT - FOR STATE PARKS STAFF ONLY

Permission is granted for the use of _____ Group Camp
from _____ AM PM to _____ AM PM, inclusive.

Said permission is contingent upon receipt of _____ deposit within 15 days of date listed below. Deposit may be by credit card, cashier's check, money order or personal check, made payable to the State of Missouri, DNR.

The facility covered by this permit shall not be used to provide sleeping quarters for more than _____ persons.

There is a minimum occupancy charge for this camp that is based on _____ persons per day. Your prompt arrival at the time indicated above will ensure against delays and confusion in getting started. Late charges will be assessed if you fail to check in at your assigned time. Upon arrival, you are expected to make a thorough examination of all buildings and equipment in the camp with a park representative. A similar inspection will be made at time of checking out of camp. You are responsible for keeping the camp, including buildings, grounds, pool, and/or beaches in a clean, neat, and orderly condition.

FACILITY MANAGER SIGNATURE	DATE
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