



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF STATE PARKS  
**APPLICATION FOR ORGANIZED GROUP CAMP FACILITY**

STATE PARK Knob Noster State Park			
ADDRESS 873 SE 10			
CITY Knob Noster		STATE MO	ZIP CODE 65336
<b>OFFICIAL NAME OF GROUP CAMP YOU WOULD LIKE TO RESERVE</b>			
<b>PLEASE PROVIDE A MINIMUM OF THREE ALTERNATE DATES, IF POSSIBLE</b>			
<b>FIRST CHOICE</b>	DATE FROM            TO	TIME FROM <input type="checkbox"/> AM <input type="checkbox"/> PM TO <input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>SECOND CHOICE</b>	DATE FROM            TO	TIME FROM <input type="checkbox"/> AM <input type="checkbox"/> PM TO <input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>THIRD CHOICE</b>	DATE FROM            TO	TIME 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 CODE
PERSON HANDLING CORRESPONDENCE		OFFICE TELEPHONE NUMBER	HOME TELEPHONE NUMBER
GROUP LEADER OR CAMP DIRECTOR		OFFICE TELEPHONE NUMBER	HOME TELEPHONE NUMBER
TYPE OF CAMPING GROUP (CHECK ONE) <input type="checkbox"/> Youth (groups with the majority of campers 18 years and younger) <input type="checkbox"/> Adult (groups with the majority of campers 19 years and above)		IS YOUR GROUP EXEMPT FROM MISSOURI SALES TAX? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'yes', enclose a current tax exemption letter with this application</small>	
HIGHEST TOTAL OF OVERNIGHT PARTICIPANTS EXPECTED AT ONE TIME (INCLUDING CAMPERS, COUNSELORS, ETC.)			
We agree to accept the confirmation issued, and will use the privileges granted thereby, subject to the regulations listed in the Missouri Group Camp Handbook, the Missouri Code of State Regulations, and those posted in the park. 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	
<b>CONFIRMATION/PERMIT - FOR STATE PARKS STAFF ONLY</b>			
Permission is granted for the use of _____ Group Camp from _____ <input type="checkbox"/> AM <input type="checkbox"/> PM to _____ <input type="checkbox"/> AM <input type="checkbox"/> PM, inclusive.			
Said permission is contingent upon receipt of \$75 deposit within 15 days of date listed below. Deposit may be by credit card, cashiers's check, money order or personal check, made payable to the <b>State of Missouri</b> .			
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 75 persons per day. Your prompt arrival at the time indicated above will insure 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, and beaches, in a clean, neat, and orderly condition.			
FACILITY MANAGER SIGNATURE			DATE