



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF STATE PARKS
APPLICATION FOR ORGANIZED GROUP CAMP FACILITY
 (Applicant please complete all information down to dotted line.)
 (Application must be mailed, do not send via fax or e-mail.)

STATE PARK MARK TWAIN STATE PARK		
ADDRESS 37352 Shrine Road		
CITY Florida	STATE MO	ZIP CODE 65283

APPLICATION IS MADE TO RESERVE "SI" COLBORN GROUP CAMP
 (Official name of group camp.)

Please provide a minimum of three alternate dates, if possible. Additional dates can be listed on the back or a separate piece of paper.

FIRST CHOICE	(dates) _____, _____ TO _____, _____	
	(time) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TO _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
SECOND CHOICE	(dates) _____, _____ TO _____, _____	
	(time) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TO _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
THIRD CHOICE	(dates) _____, _____ TO _____, _____	
	(time) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TO _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	

NAME OF ORGANIZATION			
CORRESPONDENCE ADDRESS	CITY	STATE	ZIP CODE
PERSON HANDLING CORRESPONDENCE	OFFICE TELEPHONE NO.	HOME TELEPHONE NO.	
GROUP LEADER OR CAMP DIRECTOR	OFFICE TELEPHONE NO.	HOME TELEPHONE NO.	

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 If 'Yes', enclose a current tax exemption letter with this application.
---	---

_____ 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
---	------

DO NOT WRITE BELOW DOTTED LINE

FOR OFFICIAL USE ONLY

CONFIRMATION/PERMIT

Permission is granted from _____, _____, _____ AM PM to _____, _____, _____ AM PM, inclusive.
 (Date) (Year) (Time) (Date) (Year) (Time)

Said permission is contingent upon receipt of \$ 50.00 deposit within fifteen (15) days of date listed below. Deposit may be by credit card, cashier's check, money order, or personal check, made payable to the **Department of Natural Resources**.

The facility covered by this permit shall not be used to provide sleeping quarters for more than 75 persons.

There is a minimum occupancy charge for this camp that is based on 35 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 your 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
----------------------------	------