



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

STATE PARK
 Lake of the Ozarks State Park

ADDRESS
 PO Box 170

CITY Kaiser	STATE MO	ZIP 65417
----------------	-------------	--------------

OFFICIAL NAME OF GROUP CAMP YOU WOULD LIKE TO RESERVE

PLEASE PROVIDE A MINIMUM OF THREE POSSIBLE DATES

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	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
---	------

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, cashiers's check, money order or personal check, made payable to the State of Missouri.
 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, and beaches, in a clean, neat, and orderly condition.

FACILITY MANAGER SIGNATURE	DATE
----------------------------	------