



# Clallam County Parks

## CAMP DAVID JR. APPLICATION FOR USE

Group #: \_\_\_\_\_

	Arrival DATE ie: mm/dd/yy	&	Arrival DAY ie: Fri: Sun	Departure DATE ie: mm/dd/yy	&	Departure DAY ie: Fri: Wed	=	No. of Nights
CONFIRMED Dates:	_____		_____	_____		_____		_____
or Desired Dates:	_____		_____	_____		_____		_____

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Reserved by: \_\_\_\_\_ Phone: \_\_\_\_\_

On-Site Leader: \_\_\_\_\_ Phone: \_\_\_\_\_

### COMPLETE ALL BLANKS:

1.  Overnight Use  Day Use

2. Total # of Camp Visitors: \_\_\_\_\_

#### FOR LARGE YOUTH GROUP CAMPS:

3. # Girls \_\_\_\_\_ # Boys \_\_\_\_\_ (age 18 & younger) # Staff \_\_\_\_\_

4. # Women \_\_\_\_\_ # Men \_\_\_\_\_ (age 19 & older) # Staff \_\_\_\_\_

5. Group Registered non-profit?  Yes  No Name: \_\_\_\_\_

6. Program/Event on-going or one-time? \_\_\_\_\_

7. Total consecutive years at CDjr: \_\_\_\_\_

8. Briefly describe program purpose (i.e., recreational, religious, professional, educational, social, business):  
\_\_\_\_\_

9. List special considerations (i.e., extra staff housing, ADA accessibility, any special use, etc.):  
\_\_\_\_\_

10.  **EXCLUSIVE USE**  
Request exclusive use of entire camp. Do not want to share the camp, and expect to pay full capacity fees.

**NON-EXCLUSIVE USE** (Indicate below facilities requested, see map for reference #)  
Do not request exclusive use. Understand other groups may use remaining camp facilities.

- |   |                      |   |   |
|---|----------------------|---|---|
| <input type="checkbox"/> Main Lodge (Qui Si Sana Lodge) | <b>Sleep cabins:</b> | <input type="checkbox"/> Dream House (#1) | <input type="checkbox"/> Crazy House (#2) |
| <input type="checkbox"/> Beach Cabin (#13)              |                      | <input type="checkbox"/> Neyanda (#3)     | <input type="checkbox"/> Klahhane (#4)    |
| <input type="checkbox"/> Staff Duplex (#11)             |                      | <input type="checkbox"/> Humaconna (#6)   | <input type="checkbox"/> Roganunda (#7)   |
| <input type="checkbox"/> Log Cabin (WoHeLo)             |                      | <input type="checkbox"/> Willan (#8)      | <input type="checkbox"/> Trails End (#9)  |

### 11. USER GROUP REPRESENTATIVE STATEMENT AND SIGNATURE:

I hereby certify that I have read, understand, and agree to comply with the rules, regulations, and standards governing the use of the camp. I also agree to pay all fees and charges incurred as a result of the occupancy of this camp.

I further certify that the above-named organization will defend, indemnify, and hold harmless the County of Clallam, the Clallam County Park Board and its officers, employees and agents against liabilities, suits, actions, demands, damages, loss or cost of any land, including a reasonable attorney fee in connection with the use of this camp.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**PLEASE RETURN TO: CLALLAM COUNTY PARKS  
223 E. Fourth St., Suite 7  
Port Angeles, WA 98362  
(360) 417-2291**

OFFICE USE ONLY – DEPOSIT	
Amount:	\$ _____
Date Paid:	_____
Receipt No.:	_____