



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.

Main Lodge (Qui Si Sana Lodge)

Sleep cabins:

Dream House (#1)

Crazy House (#2)

Beach Cabin (#13)

Neyanda (#3)

Klahhane (#4)

Staff Duplex (#11)

Humaconna (#6)

Roganunda (#7)

Log Cabin (WoHeLo)

Willan (#8)

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.:	_____