

**JORDAN LAKE STATE RECREATION AREA
GROUP CAMPING APPLICATION**

The _____
(Name of Organization/Group)

Address _____
(Street, Route, or Box #) (City) (State) (Zip)

Telephone Number _____ Number of Participants: _____

Group Campsite Desired (List Alternate):	Date Desired, Arrival and Departure (List Alternate):
1 st Choice _____	1 st Choice From: _____ To _____
2 nd Choice _____	2 nd Choice From: _____ To _____
3 rd Choice _____	3 rd Choice From: _____ To _____

Expected arrival time _____ AM/PM. **Check out is 3:00 PM.**

Name, Address and Phone Number of the Person who will be Group Leader: _____

Name, Address and Phone Number of the Person who will be assisting the Group Leader: _____

Cancellations for refunds must be made at least two weeks in advance for a full refund.
A returned check fee of \$25 will be charged for all returned checks.
Full payment must accompany application in order to confirm reservation; make checks payable to: "Jordan Lake SRA" and mail to:
Reservation, Jordan Lake SRA
280 State Park Road
Apex, NC 27523
Phone Number: (919) 362-0586

The undersigned hereby agrees to accept a permit if issued upon this application and the right to exercise the privileges granted thereby, subject to the terms, covenants, obligations and reservations expressed or implied therein, and which are set forth by the Division of State Parks and Recreation.

(Signature) (Title, if any)

****OFFICE USE ONLY**** The above request does not conflict with any planned program or schedule.

Approved by: _____ Date: _____

Receipt #: _____

