

WILLIAM B. UMSTEAD STATE PARK
8801 Glenwood Avenue
Raleigh, NC 27617
(919) 571-4170

APPLICATION FOR YOUTH TENT CAMP USE PERMIT

The _____ hereby makes
(Name of Organization)

application for a Usage Permit for the Youth Camp:

From: _____ To: _____
(Dates)

Expected arrival time _____ p.m. **(Check in between 3:00 - 5:00 P.M., check out before 1:00 P.M.)**

Information concerning the above organization is to be given below:

1. Organization Address: _____

2. Person who will act as Group Leader: _____

(Address - street, city, zip)

(Phone: home & work)

3. Assistant Group Leader: _____

(Address - street, city, zip)

(Phone: home & work)

4. There are various nature programs available to the public. If your group has a special request for a program, please call the Visitor Center at (919) 571-4170 to make arrangements.

5. Total number in group: _____ 6. Age ranges: _____

6. **Upon receipt, by the APPLICANT, of the application, it must be completed and returned, within ten (10) working days to hold your reservation. PLEASE CONTACT THE OFFICE IMMEDIATELY IF YOU DECIDE YOU WILL NOT BE USING THIS GROUP CAMP SO THAT OTHERS WHO MAY BE INTERESTED HAVE THE OPPORTUNITY TO USE THE AREA.**

7. Youth Camp fee is \$1 per person per night with a 9-person minimum and a 25-person maximum. You may pay in advance if you know the exact number of people attending or you may wait until check in and pay the ranger. If paying by check please make checks out as indicated below:

MAKE CHECKS PAYABLE TO: Treasurer of North Carolina

(There will be a \$25.00 processing fee charged for returned checks)

If paying in advance, requests for refunds must be made in writing at least two weeks prior to the reservation date. A \$10.00 processing fee will be charged for all refunds.

9. 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. A copy of conditions and policies will accompany application.

APPROVED _____
RECEIPT _____
CHECK NO _____
CASH _____

(Signature/Title Group Leader)

(Date)