

Name of group that is making application to use the camp:

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Address-

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Contact Person\_\_\_\_\_

Telephone #\_\_\_\_\_

E-mail address\_\_\_\_\_

Number in group\_\_\_\_\_

Number of adult chaperones\_\_\_\_\_

Proposed dates to use the camp\_\_\_\_\_

\_\_\_\_ We will do our own cooking.

\_\_\_\_ We would like camp personnel to do the cooking.

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\_\_\_\_ We are a church or para-church organization. We have included our statement of doctrine.

\_\_\_\_ Included is a copy of our tentative agenda for our stay at Story Book.

\_\_\_\_ Included is a copy of our church or para-church insurance. (If the group has insurance.)

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Applied for by\_\_\_\_\_ Date\_\_\_\_\_

Position\_\_\_\_\_

Accepted by\_\_\_\_\_ Date\_\_\_\_\_

(Authorized representative of Story Book Board of Directors)

Please return this page of the application with a tentative agenda of the activities & meal times of your group during your stay at Story Book. Thank you.