

APPLICATION FOR FACILITY USAGE OF BEAR RIVER RANCH

NAME OF EXECUTIVE DIRECTOR, SCHOOL PRINCIPLE OR RESPONSIBLE PARTY		SPONSORING ORGANIZATION	
NAME & ADDRESS OF GROUP LEADER IN CHARGE AT RANCH		ORGANIZATIONS ADDRESS	
AGE		CITY	STATE ZIP
TELEPHONE NO. ()		TELEPHONE NO. ()	
DATE REQUESTED FROM TO			
ESTIMATED ARRIVAL TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		ESTIMATED DEPARTURE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
NUMBER OF USERS	AGES	TOTAL NUMBER OF BEDS NEEDED	TOTAL NUMBER OF CABINS NEEDED
ADDITIONAL FACILITIES REQUESTED <input type="checkbox"/> BEAR'S DEN <input type="checkbox"/> OVERFLOW HOUSING (ROOM WITH 5 BUNKBEDS) <input type="checkbox"/> ADDITIONAL MEETING SPACE : FOR HOW MANY? _____ <input type="checkbox"/> DINING HALL <input type="checkbox"/> HEALTH LODGE <input type="checkbox"/> RHODE ISLAND <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> ADDITIONAL CABIN(S) / HOW MANY? _____ <input type="checkbox"/> ACTIVITY PAVILION(S) / HOW MANY _____			
<input type="checkbox"/> ACTIVITY SUPPLIES OR EQUIPMENT - PLEASE SPECIFY:			
GOALS / OBJECTIVES OF YOUR GROUP DURING THEIR STAY:			
SPECIFIC REQUESTS NOT OTHERWISE LISTED IN THIS APPLICATION:			
FOOD SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRST MEAL TO BE SERVED (CIRCLE ONE) BREAKFAST LUNCH DINNER BEDTIME SNACK	
FOOD SERVICE SHOULD BEGIN ON WHICH DAY (CIRCLE ONE) S M T W T F S		DO YOU WANT A BEDTIME SNACK EACH EVENING? <input type="checkbox"/> YES <input type="checkbox"/> NO	UNLIMITED BEVERAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIAL DIETS (PLEASE LIST SEPARATELY)			
LIABILITY INSURANCE COMPANY NAME AND ADDRESS		AGENT'S NAME, ADDRESS & TELEPHONE NO	
CITY STATE ZIP		CITY STATE ZIP	
POLICY #		TELEPHONE NO ()	
I HAVE ANSWERED THE ABOVE QUESTIONS TO THE BEST OF MY KNOWLEDGE			
SIGNATURE		TITLE	DATE