

Camp/Fire Application

Applicant Contact Information Organization: Name: Address: City, State, Zip: Home/Work Phone: Cell Phone: Email: **Additional Attendee Contact** Name: Address: City, State, Zip: Home/Work Phone: Cell Phone: Email: **Emergency Contact Information (At least one required)** Name: Home/Work Phone: Cell Phone: Relationship: Name: Home/Work Phone: Cell Phone: Relationship: **Anticipated Date of Arrival: Anticipated Date of Departure: Number of Attendees: Number of Vehicle Parking Permits: Preferred Location:**

Please submit this application with a copy of your current driver's license or state issued ID to Rangers@wildlifepreserves.org