



JIJAK CAMP RESERVATION REQUEST APPLICATION

THIS SECTION IS TO BE COMPLETED BY THE EVENT'S LEAD CONTACT:

Today's Date: _____ Event Date: _____

Applicants Full Name: _____

Phone Number: _____ Applicant DOB: _____

Event Type: _____ Expected Number of Guests: _____

Time Requested (Start-Finish): _____

What areas will you be using? (Mark all that apply)

Cafeteria

Kitchen (if using kitchen, what will you be using?) _____

Fire Place

Cabins

Multipurpose Building

Volleyball Net

Baseball Field

Multipurpose Building Kitchen

Movie Projector

Basketball Court

Will you need instruction on how to use any of the above? Yes No

Applicant's Signature: _____

THIS SECTION IS TO BE COMPLETED BY THE APPROVING OFFICIAL:

Has the reservation been approved or denied? _____

Has the Lead Contact received copies of the Jijak Camp Usage Policies? Yes No

Has the Lead Contact signed and returned the Lease Agreement to the approving official? Yes No

Deposit Received: YES or NO Date Received: _____

What rental has been agreed upon? _____

Explanation of decision: _____
