

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	e above? YES or 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 or NO
Has the Lead Contact signed and returned the Lease Agreement to the approving official? YES or NO
Deposit Received: YES or NO Date Received:
What rental has been agreed upon?
Explanation of decision: