



SPECIAL ACTIVITY PERMIT/APPLICATION

APPLICANT: Please complete, sign, date and return by:

with payment of \$ _____

Make check payable to: WASHINGTON STATE TREASURER

APPLICANT

GROUP NAME: REQUEST DATE:

GROUP LEADER/APPLICANT:

MAILING ADDRESS (STREET): BUSINESS TELEPHONE:

CITY/STATE/ZIPCODE: HOME TELEPHONE:

PARK

PARK: SPECIFIC AREA OF USE:

DATE OF EVENT: TIME OF EVENT: FROM TO Event must terminate no later than half hour before park closes.

SPECIFY ACTIVITY:

GROUP SIZE: If over 100, please note estimate attendance:

ALCOHOLIC BEVERAGES? GROUP LEADER/APPLICANT recognizes and will insure compliance with the limitations imposed by state law on the use of alcoholic beverages, especially no dispensing of alcoholic beverages to minors.

AGREEMENT OF GROUP LEADER/APPLICANT

GROUP LEADER/APPLICANT agrees to all of the terms and/or conditons of this Special Acitivity Permit and attached Addendum. Failure to comply may result in forfeiture of part or all of the damage deposit. A Discover Pass is required in all vehicles associated with a Special Activity Permit event (http://discoverpass.wa.gov).

GROUP LEADER/APPLICANT SIGNATURE: DATE:

Applicant: Bring Your Copy Of This Form To Event.

AGENCY USE ONLY

Group Day Use (No Reservations Made) } Use Addendum A P&R O-282 Special Recreation Event } Use Addendum B P&R O-283 Group Day Use (For a Reservations) } Group Camping (No Reservations Made) } Public Assembly } Use Public Assembly Application P&R A-255 Group Camping (For a Reservations)

After Activity Report: Area was left in ACCEPTABLE UNACCEPTABLE condition.

COMMENTS (use reverse if necessary):

SIGNATURE OF RANGER: DATE: