

Pleasant Valley Nature Park <u>Scout Campground Reservation Permit</u>

Youth Group Name:				
Applicant Address:				
Applicant Phone:				
Cell Number of Adult Camp	per:			
Organization Headquarter Address:				
Org. Headquarter Phone:				
Date(s) of Reservation:				
Time of Reservation:	From:	to		
Number of Campers:			Number of Adults:	
\$200 refundable deposi	t is required for all	reservation	ns	
Proposed Use:				
Equipment On-Site:				
Application must be submitted	d at least 5 days prio	r to the date	e the campground is to be used.	
Applicant Signature:			Date:	
Administrator / Clerk Signa	ature:		Date:	_
FOR OFFICE USE ONLY				
Deposit Fee: \$	Receipt#:		Staff Initials:	
Notify Ozaukee County She	riff: fax permit to D	avid Guss: 2	262-238-8490	