

APPLICATION  
for  
FREEBORN COUNTY  
COUNTY PARK  
LIMITED CAMPING PERMIT

Name of Applicant, non-profit group or organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Non-Profit Tax Identification Number: \_\_\_\_\_

Park: Arrowhead Point Park \_\_\_\_\_ White Woods Park \_\_\_\_\_

Camping Dates:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

Requested Reserved Dates: \_\_\_\_\_

Anticipated number of persons using park: \_\_\_\_\_

Attachments: Property and Personal Liability Insurance Coverage

Damage Deposit of \$ \_\_\_\_\_ accompanies this application.

Camping fee of \$ \_\_\_\_\_ payable to Freeborn County accompanies this application.

Individual applicant's signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_