## **Service Project Request**

Name of Organization:

Address of Organization:		
Number of youth in group: Average age of youth:	_ Number of adults in group:	
Park Requested:	Date	1 <sup>st</sup> Choice: 2 <sup>nd</sup> Choice:
Group Coordinator Name: Address: Daytime Phone Number: Cell Phone Number:		
Describe your request: (i.e. service have an idea of how your group mat		ut, be as specific as possible, if you describe)

**Notice**: All service projects <u>must be coordinated and approved in advance</u>. Campsite Fees will only be waived on Non-Reservable Campsites or in designated group camp areas with volunteer service from the group. Example of Volunteer Service: Trail Rehab, Park Maintenance, Construction, etc. The number of volunteer hours and specific tasks will be determined by the volunteer coordinator for fees to be waived.

Please submit requests 30 days prior to date of event. We will work with each group on a first come first serve basis.

This application **does not** give approval for the above request.