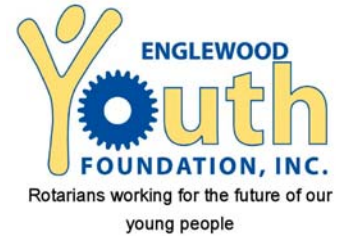


Englewood Youth Foundation, Inc. Camp Ground Use Request Form
PO BOX 176
Englewood, FL 34295



To the Board of Directors of the Englewood Youth Foundation,

We:

Name of group

Wish to have the use of the Englewood Youth Foundation Camp Grounds on:

Start date _____ Through _____

We will have _____ number of campers Ages: _____

And _____ of adult supervisors.

Primary responsible adult: Name _____

Address _____ Email _____

Phone _____ Cell _____ Other _____

Secondary responsible adult: Name _____

Address _____ Email _____

Phone _____ Cell _____ Other _____

Name of parent organization _____

Address _____ Email _____ Phone _____

IRS 501c3 identification number _____

Please attach copy of proof of liability insurance.

For approved use of the camp grounds we do not charge a fee for use. We do expect that the grounds will be left in as good if not better condition on leaving as found on entering the property. If there is damage done to the property or facilities the camper organization is expected to repair such damage. By signing this you take full responsibility for any liability that may occur at the site.

Signed: _____

Primary responsible individual date Secondary responsible individual date