



Catoctin Mountain Park

CAMP ROUND MEADOW APPLICATION

Camp Round Meadow is unavailable from December 15, 2010 through January 31, 2011. The capacity of Round Meadow will be 90 people from June 7, 2010 through August 20, 2010. Only three dorms will be available during this time period. For the best chance of reserving your preferred dates, **submit applications during the application period of December 1, 2009 through January 8, 2010.**

Applications will continue to be accepted throughout the year for any dates still available after the initial application period.

Please type or print clearly. **DO NOT SEND PAYMENT AT THIS TIME.** Send completed application to:

Catoctin Mountain Park
6602 Foxville Road
Thurmont, Maryland 21788

Fax: 301-271-2764

Group Name: _____ Group Tax ID #: _____

In accordance with the Debt Collection Improvement Act of 1996, Federal Agencies "shall require each person doing business with that agency to furnish to that agency such person's Taxpayer Identifying Number." The Taxpayer Identifying Number (TIN) shall be used "for purposes of collecting and reporting on any delinquent amounts arising out of such person's relationship with the Government."

Group Leader: _____ SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (W) _____ (H): _____ FAX: _____

Email: _____ Have you been here before: Yes No

Number of Leaders: _____ Total in Group: _____ Type of Group: Adult Youth Family

KITCHEN FACILITIES:

If the Kitchen Facilities will be used, we recommend the Group have a certified food handler on duty. Catoctin Mountain Park requires that each group designate a Kitchen Facility Supervisor to be in charge of the kitchen/dining hall facilities. The Kitchen Facility Supervisor shall be the contact for all kitchen issues and shall be responsible for maintaining U.S. Public Health Service sanitation requirements during use and at Check-out. He/she must meet with the Park Ranger during the Group's Check-in and Check-out along with the Group Leader.

Kitchen Facility Supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Signature: _____

DATES REQUESTED:

Arrival Date: _____
Check-in (Select one): 3:00 p.m. 3:30 p.m. 4:00 p.m. 4:30 p.m. 5:00 p.m. Other _____

