

## **Humboldt Redwoods State Park**

P.O. Box 100, Weott, CA 95571 70

707-946-1811

## Williams Grove Day Use Reservation Application / Permit

Facilities to be used: \_\_\_\_\_ Williams Grove Day Use

This application, when officially approved and pending receipt of any fees, will authorize the permittee detailed below to make use of the facilities detailed below within Humboldt Redwoods State Park.

Name of individual or organization:

Beginning date and	time:				
Ending date and	time:				
Permittee is subject to the following	conditions:				
1. Permittee shall follow all rules ar	nd regulations of Calif	ornia State P	arks.		
2. Permittee shall not inhibit norma	I public access to par	k facilities wit	hout specific	approval.	
3. Permittee will make arrangemen	its with the park for ar	ny advance p	reparation th	at is required	l.
4. Permitee shall not attach any sign	•	facility, sign,	tree, or land	mark.	
5. Applicant must provide the follow	•	1 1 1 1 4 1			
a. Will any special activit	ties (normal day use e	excluded) take	e place? Pro	ovide details:	
b. Will people attending	be charged any fees?	Ye	es	No	
c. What is the maximum	-			. · · · · · <u> </u>	
d. What is the maximum	• •	•			
Facility		•	Capacity		Fee
Williams Grove Day Use	Large		10		\$150
Checks should be ma	de out to "Department o	f Parks and Re	ecreation" or "l	DPR".	
Applications are accepted up to six month window are not reviewed. All permit has been signed by the appl the nature of the park usage a spec public and no exclusive right of use are forfeited by permitee. If any issuimmediately at (707) 946-1811 or (7) have read, understand, and agree	fees are a non-refundicant and State Park social event permit and fexists unless specificates occur on the day (707) 946-2409.	dable. Reservataff, and <u>all f</u> ee may also ded. Any viola of your reserv	vations are nees due have be required. tion of condivation, please	ot considered e been paid. All areas rem tions revokes e contact Sta	d final until this Depending on nain open to the s permit and fees
Name (printed)		Signature			Date
Mailing Address	City	State	Zip	( <u>)</u>	hone
(REV. 6-2019)	Office U	se Only	_		
Approved by:			Date:		
Event permit? Yes	No	No		Date fee received:	