



# Visitor Center Conference Room APPLICATION

Jackson Lake State Park  
26363 County Road 3  
Orchard, Colorado 80649  
(970) 645-2551

Thank you for your recent inquiry. Please read the "Visitor Center Conference Room USE POLICY" and complete the below information. Return this form, along with payment, as soon as possible. If reservation application and fees are not received within one (1) week, the conference room may be reserved to another group. Once payment is received, your reservation will be confirmed.

Current Date:		Reservation #: <small>(To be completed by Park's Staff)</small>	VCCR - 1 _ - _ _ _
Date(s) Requested:		Estimated Arrival Time:	:    AM    PM
Time of Event:	:    AM    PM	Estimated Ending Time:	:    AM    PM
Name of Group:			
Type of Event:			
Number of Participants:			
Contact Person:			
Mailing Address:			
Contact Phone Numbers:	Work (    )    -	Home (    )    -	

FEES:	DESCRIPTION:	AMOUNT:
\$60	Use of Conference Room Facilities for Full Day (>4 hours <10 hours)	\$ .
\$40	Use of Conference Room Facilities for One-Half Day (<4 hours)	\$ .
\$20	Use of TV/VCR Unit	\$ .
\$10	Use of Slide Projector	\$ .
\$10	Use of Overhead Projector	\$ .
\$10	Group Facility Reservation Fee	<b>\$ 10.00</b>
<b>Total:</b>		<b>\$ .</b>

Check or Money Order for the Total Amount (excluding damage deposit) payable to Colorado Parks & Wildlife. You can also pay with a credit card (Visa, MasterCard or Discover) over the phone or in person.

As stated in the Conference Room Use Policy, a \$100 damage deposit will be collected at time of arrival.

I have read the "Conference Room Use Policy" and agree to the terms listed:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>To be completed by Park Staff</b>				Send completed application to: <b>Jackson Lake State Park</b> <b>26363 Co Rd 3</b> <b>Orchard, CO 80649</b>	<b>Inquiries:</b> Contact: Darby Shanks, Admin III Phone: (970) 645-2551 Email: <a href="mailto:dnr_jackson.lake@state.co.us">dnr_jackson.lake@state.co.us</a>
Date application received:					
Ck or M/O#:	Amount:	\$			
If damage deposit rec'd, list Ck or M/O #:					
Date application reviewed:					
Date confirmation sent:					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved    Initials:					
Reason(s) for Disapproval:					

**REFUND POLICY (If cancelled for any reason):**

Up to 14 days prior to reserved date.....100% Refunded minus Reservation Fee.  
14 days or less from reserved date.....NO REFUNDS

