



Steep Rock Camping Application

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

For questions call or email: 860.868.9131 or steeprockassociation@gmail.com

1. Tent camping only. No Campers or Trailers.
2. Arrival time: 2:00 p.m.; Departure time: 11:00 a.m. Maximum 3 night stay.
3. Camping fees: Members \$20.00 per night, per camping site. Non-members \$25.00 per night, per camping site.
4. Fees are paid upon submitting this application.
5. Dogs are permitted but must be leashed at all times.
6. Maximum 20 campers per site at sites SR1 and SR2. Maximum 6 campers per site at sites SR3 and SR4.
7. No alcohol allowed.
8. Remove *all* tent pegs. Fill and level all holes and ditches.
9. Pack in all equipment. No motorized vehicles allowed. Park cars in designated parking areas.
10. Please leave the site at least as neat and clean as you found it.
11. Campfires are permitted only in designated grills and/or fire rings. Do not leave fires unattended. Steep Rock Association reserves the right to ban campfires in unsafe conditions.
12. Do not cut standing timber. Use only firewood provided at site. Do not harm trees by chopping, carving, or driving nails.
13. Pack out all refuse.
14. Quiet Hours are from 10:00 p.m. to 7:00 a.m. daily.

Camp Site Information:

Member:

Non-Member:

Site: SR1 SR2 SR3 SR4

Arrival Date (MM/DD/YYYY): _____

Departure Date (MM/DD/YYYY): _____

Duration of Nights Stayed: _____

Total Number of Campers: _____

Number of Adults (over 21): _____

Child(ren) Ages: _____

Vehicle(s) Make/Model: _____

License Plate Number/State: _____

I have read and understand the campsite rules. By signing below I agree to all regulations set forth by Steep Rock Association, Inc. Please make checks payable to **Steep Rock Association**. Once the application is approved, you will receive a copy.

X

Signature

Date (MM/DD/YYYY)

For Office Use Only

\$

Amount Received

Check No.

Approved by

Date (MM/DD/YYYY)

Steep Rock Association, Inc. P.O. Box 279 Washington Depot Connecticut 06794
Phone 860.868.9131 Fax 860.868.5034