



USE APPLICATION

For Office Use Only:
Received:
Approved:
Initials:

We are happy that you have decided to spend some time at one of our Preserves! Please complete this application to the best of your ability and submit to our Office for approval, along with a copy of your insurance certificate with Steep Rock Association named as an additional insured. For questions, call or email (860) 868-9131 or info@steeprockassoc.org. Please note, we require a minimum of 5 business days in order to process this application.

Name: _____

Organization: _____

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

Phone: _____ Email: _____

EVENT INFORMATION

Date(s) (MM/DD/YYYY): _____ Start Time: _____ Finish Time: _____
(a.m. or p.m.) (a.m. or p.m.)

Preserve/Location Requested:

- Steep Rock Preserve (area/trail): _____
- Hidden Valley Preserve (area/trail): _____
- Macricostas Preserve (area/trail): _____

Description of Activity/Event: _____

Total Participants: _____ # of Vehicles: _____

Important Reminders:

1. The Preserves are open from sunrise to sunset.
2. Please park cars in designated areas.
3. No off-roading.
4. No hunting.
5. Non-alcoholic beverages only.
6. Enjoy the peace of nature - no loud noise or music.
7. Dogs must be leashed at all times.
8. Horseback riding is permitted according to posted signs & Trail Maps, except when and where seasonally prohibited.
9. Mountain bikes are allowed on trails where indicated on Trail Maps.
10. Fishing access limited to areas noted on map.
11. Fires are permitted only in the provided grills and fire rings.
12. Help us keep the preserve beautiful! PLEASE carry out what you carry in as there are no trash cans.



I have read, understand and agree to abide by all rules listed above. I understand this application may be denied or revoked at any time at the discretion of the Association. I further understand that the preserve is open to the public during the proposed event and that I will not have exclusive use of the Preserve or the event area.

Upon approval, you will receive a copy of this application. Please keep the application in your possession during your approved event.

X _____
Signature Date (MM/DD/YYYY)

✓ Yes! I want to do my part to help continue the important work of Steep Rock Association so that groups like mine can continue to enjoy the preserves. Enclosed please find my donation in the amount of:

- \$500.00
- \$250.00
- Other: _____

* Steep Rock Association is a non-profit Land Trust, supported by your voluntary donations. Please make your checks payable to Steep Rock Association.