

SPECIAL USE PERMIT

Date of Request: _____ **Permit Dates:** from: ____/____/____ to: ____/____/____
Month Day Year Month Day Year

Organization/Name: _____

E-Mail or Mailing Address: _____

City, State and Zip: _____

Day Phone: _____

This section to be completed by Applicant (Processing Fee of \$70.00)

Number of Participants: _____	Park Area to used: _____
Overnight Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervision: _____
Description of Activity:	

Fees are waived if this box is checked (Educational, K-12 or Educational Research K-12 only.)

This section to be completed by the NAPE Office

<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Conditions of Approval:

This permit is only valid when signed and dated and must be with you during occupancy of the park area to be used. The permittee shall hold-harmless, indemnify and defend Benton County, its officers, agents and employees from any and all liability, claims, losses, damages, and other costs arising or alleged to arise from or during the activities described herein.

Signed by Group Representative *Date* *Signed by NAPE Representative* *Date*