## VON OVEN SCOUT RESERVATION FACILITY USE FORM \*\*TRIP OR TOUR PERMIT REQUIRED FOR ALL OUTINGS\*\*

## Please Print

Name of Charter C	Organizatrion & City: _ umber of Unit Committ				
	umber of Onli Committ				
Person in Charge					
	Address:		7:		
	City:		Z1p		
	Phone: Day)		Evening)	<u></u>	
Asst. Leader	Name & Position:				
	Address:				
	Phone: Day)_		Evening)		
Type of Event: _					
Type of space req	uested: (Please check o				
	Covered Pavilion:	Cabin:Group	Fire Ring:	Ampitheater:	
Date(s) Requested	l (include day of week,	date):			
	Arrival (day & time):_			<del></del>	
	Departure (day & time	e):			
Maximum # of pe	ople expected:				
Day Use:	\$15 -	up to 25 people	\$	660 - 76 to 100 people	
(Per Day)	\$30 - 26 to 50 people			\$75 - 100 to 125 people	
Effective 1/01/05	\$45 -	51 to 75 people	I	ncrements of \$15 for every 25	
Overnight:	-	er person/night (\$	-		
	Cabin: \$45/ni	ght - maximum 20	people sleep	ing	
deposit will be de		ue. If you must c	ancel your res	order to hold your reservation. The ervation, we request that you do so n.	
Enclosed: \$	(checks only	, please)			
		out Reservation Office Box 4596 erville, IL 60567			
	o read the Von Oven Rose sign below that you ha			Please keep the Procedures for your abide by them. Thanks.	
Signature		Print your Name			
Payment Record: (VO Committee Use C	Check #	Amount	Date	Name	