

Day Use Shelter Reservation Request

Check Location(s) Requesting:

Poison Creek Day Use Shelter

Big Sage Day Use Shelter

Date of Use _____

Reservation # _____

Fees Paid: _____

Deposit Paid? Yes No

Method of Payment: _____

NAME _____

PHONE _____ EMAIL _____

EVENT _____

EVENT DATE _____

ARRIVAL TIME _____ DEPARTURE TIME _____

Music * YES ___ NO ___

Will alcohol be serves/sold YES ___ NO ___

Number in Group _____

Number of Vehicles _____

Restrictions approved?* (see contract) _____

Will the reserving party pay all entry fees?* YES ___ NO ___

Special Notes:

Park Staff making the reservation _____

Contract sent: _____ Special Use Permit: _____ (if applicable)

Copy of IDPR rules: _____ Alcohol Permit: _____ (if applicable)

Contact Person at the Park _____

Lake Cascade State Park
100 Kelly's Parkway
PO Box 709
Cascade, Idaho 83611
cas@idpr.idaho.gov
208-382-6544