



SYCAMORE RANCH GROUP CAMP AREA

RESERVATION APPLICATION

CHECK IN DATE	CHECK OUT DATE	NUMBER OF NIGHTS
---------------	----------------	------------------

*** 7 NIGHT MAX;
2:00PM CHECK IN, 12:00PM CHECK OUT**

NUMBER OF PEOPLE	ACCOMODATIONS (PLEASE INSERT NUMBER) _____ TENTS _____ TRAILERS _____ 5TH WHEEL TRAILERS _____ MOTORHOMES (CLASS A / B / C – Please Circle)
------------------	--

NAME		NAME OF ORGANIZATION (IF APPLICABLE)		
MAILING ADDRESS		CITY	STATE	ZIP
HOME PHONE ()	CELL PHONE ()	EMAIL		

RESERVATION RATES

AREA	RATES
<input type="checkbox"/> GROUP CAMPING - 10 CAMPSITES or GROUP AREA A or B (100 PERSON MAX)	\$200.00 PER NIGHT
INDIVIDUAL CAMPSITE (RESERVE ONSITE ONLY, "FIRST COME, FIRST SERVE")	\$20.00 PER NIGHT
DAY USE (NO RESERVATION NEEDED)	FREE

METHOD OF PAYMENT	TOTAL
<input type="checkbox"/> CASH (DO NOT MAIL)	\$
<input type="checkbox"/> CHECK (MAKE PAYABLE TO YUBA COUNTY PUBLIC WORKS)	

MAIL APPLICATION AND CHECK TO:

**YUBA COUNTY PUBLIC WORKS
ATTN: SYCAMORE RANCH RESERVATIONS
915 8th STREET, SUITE 125
MARYSVILLE, CA 95901**

I, the undersigned, hereby agree that I have read and fully understand the Sycamore Ranch Release of Liability as well as the cancellation and refund policy included on the reverse side of this application. I also hereby acknowledge all County rules, regulations and ordinances apply while visiting Sycamore Ranch.

APPLICANT SIGNATURE	DATE
---------------------	------

CANCELLATIONS AND REFUNDS

CANCELLATIONS	
AT LEAST 30 DAYS IN ADVANCE	\$15 PROCESSING FEE
CANCELLED DUE TO WEATHER	\$15 PROCESSING FEE
LESS THAN 30 DAYS IN ADVANCE	NO REFUND

- ALL CANCELLATIONS MUST BE MADE IN PERSON OR BY MAIL.
- ALL CANCELLATIONS DUE TO INCLEMENT WEATHER MUST BE REPORTED TO YUBA COUNTY PUBLIC WORKS NO LATER THAN THE NEXT BUSINESS DAY FOLLWING THE RESERVATION TO RECEIVE A REFUND.
- PLEASE ALLOW 4 WEEKS FOR DELIVERY OF ANY DEPOSITS OR REFUNDS.

DAY USE PARK HOURS	
PACIFIC STANDARD TIME	7:00 AM – 5:00 PM
DAYLIGHT SAVINGS TIME	6:00 AM – 9:00 PM

SYCAMORE RANCH RELEASE OF LIABILITY

IN CONSIDERATION OF THE ACCEPTANCE OF MY APPLICATION FOR ENTRY INTO THE ABOVE EVENT, I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR DEATH, PERSONAL INJURY OR PROPERTY DAMAGE WHICH I MAY HAVE, OR WHICH HEREAFTER ACCRUE TO ME, AGAINST THE COUNTY OF YUBA AS A RESULT OF MY PARTICIPATION IN THE EVENT. THIS RELEASE IS INTENDED TO DISCHARGE THE COUNTY OF YUBA, ITS OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS, ANY OTHER INVOLVED MUNICIPALITIES OR PUBLIC AGENCIES FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN THE EVENT, EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF THE NEGLIGENCE OR CARELESSNESS ON THE PART OF PERSONS OR ENTITIES MENTIONED ABOVE. I FURTHER UNDERSTAND THAT ACCIDENTS AND INJURIES CAN ARISE OUT OF THE EVENT, AND KNOWING THE RISKS, NEVERTHELESS, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND NOT HOLD HARMLESS ALL OF THE PERSONS OR AGENCIES MENTIONED ABOVE WHO, THROUGH NEGLIGENCE OR CARELESSNESS, MIGHT OTHERWISE BE LIABLE TO ME OR MY HEIRS OR ASSIGNS FOR DAMAGES. IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS WAIVER, RELEASE AND ASSUMPTION OF RISKS IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I HEREBY UNDERSTAND I, AS THE PERMIT HOLDER, AM RESPONSIBLE FOR THE SUPERVISION AND SAFETY OF ALL PARTICIPANTS AT THIS EVENT. IF THERE IS A PROBLEM WITH SOMEONE ON YOUR SPACE, CALL PUBLIC WORKS DURING BUSINESS HOURS AT 749-5420 OR CALL THE SHERIFF'S DEPARTMENT AT 749-7777 AFTER BUSINESS HOURS.

INITIAL: