

## Family Campout 2022 Application

Applicant Information:		
Name		
Street Address		
City, ST, ZIP Code		
Contact Phone Number		
How Many Participants		
E-Mail Address		
Emorgonov Contact Inform	ation	
Emergency Contact Inform		
Name:	Phone:	
Name:	Phone:	
Additional Participants Jo	ning You:	
Name:	Age:	
Name:		

## This is a Spring Valley Lake Association event.

## Participation is subject to approval by Spring Valley Lake Association and is not otherwise open to the public.

## Agreement and Responsibility

By submitting this application participants assume sole responsibility for the cost and any liability associated with your participation in the Spring Valley Lake Family Camp Out. By submitting this application, you acknowledge that every participant will sign and agree to the Spring Valley Lake Association liability indemnification waiver.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in participating in the Spring Valley Lake Family Camp Out.

Application must be submitted by Tuesday April 15, 2022 to the Spring Valley Lake Association Office in person or via email <u>info@svla.com.</u>