

For Office Use Only - Do Not Write In This Space

Church / Dancing / Music / Poet or Talks / Sat only / Sun only / Both days / Selling /
 want Reimbursement / Elec / Water / Lock / Fri. Potluck Guest / Sat. Vol Dinner Guest
 Paid for guest tickets / vol coupons/ Camping / Selling Agreement sent / Agreement returned /
 Weapon Completed Weapon Course / Special Parking / Note _____

**JULY 18-19, 2009 BANNACK DAYS APPLICATION FOR
CHURCH/ DANCE / MUSIC / POET OR TALKS /**

Please Print Clearly

NAME OF GROUP LEADER: _____
 ORGANIZATION or Group Name: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 TELEPHONE: (Wk / day) _____ (Home) _____ (evening) E-mail: _____

Please list all members that will Be **Actively Participating** (Maximum of 10).

Age if	Yrs	Attending	Attending	Working	Camping
<u>under</u>	Vol	Fri Night	Sat Vol	both	with
<u>18</u>	at	Potluck?	Dinner?	Sat & Sun	Your
	Ban	Yes or No	Yes or No	or only one?	Group?

PRINT CLEARLY PLEASE!

Example: Jane Doe _____ Age14 vol 3 YES NO BOTH YES

- | | | | | | |
|-----------|-------|-------|-------|-------|-------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ | _____ | _____ |

Note: You may attach another piece of paper if more room is needed—but please list **ALL** information.
 (Need address with application of new people this year & Social Security # for Workers Compensation coverage)
(Group leaders are responsible for returning completed paperwork for each member, and distributing all information to members—(Including Sat Night Vol Dinner Information)

*All participants must dress in period attire (women, no jeans or pants / men & women, no Tank-Tops & no Flip-flops—they are not period dress!)

1. I (WE) WOULD LIKE TO PROVIDE: (Music, Church service, Dancing, etc.)

A. Please describe what type of activity it is you or your group would like to provide ?

B. Do you want to sell items associated with your activity, such as music CD's ? **YES** **NO**
Must list all items and price you want to sell. (Items and Prices can not change after signed contract)

1. **(SKIP ALL OF C IF SELLING ANYTHING)** Do you need to be reimbursed? **(SEE POLICY) YES__ / NO__**

Please list all Materials & Estimated Cost: _____

Gas Mileage: _____ miles @ .40 per mile = Estimated Cost _____

Other Estimated Cost: _____

2. **PLEASE COMPLETE:**

A. Do you need electricity? (Limited availability in Bannack) YES ___ NO__ Note _____

B. Do you need to be near water or have water available? YES ___ NO__ Note _____

C. Do you need a lockable building? (Limited availability) YES ___ NO__ Note _____

D. Due to a disability will anyone in your group need accessible parking? YES ___ NO __ Note _____
Name of person: _____

E. Will you be available on: ___ SAT 9am - 5pm / ___ SUN 9am - 5pm / Other time: _____

F. What is your location preference: _____

G. What is your day/time preference for scheduled activities **(Talks)**: _____

H. Do you need camping at Bannack? YES ___ NO__ (Limit: 2 camp spaces and 2 vehicles per group—10 people)

Check one: 1 Camp Space ___ / 2 Camp Spaces ___ / # Of people camping ___ (max 10 per group)
Name if not listed on front page: _____

Type of camping ___ RV / ___ Pull Trailer / ___ 5th wheel / ___ Tent / _____ Other

I. WILL YOU BE CARRYING A PERIOD WEAPON? ___ YES ___ NO

(ANYONE WITH A PERIOD WEAPON MUST ANNUALLY COMPLETE OUR PERIOD WEAPON SAFETY COURSE— NO EXCEPTIONS!)

J. Do you have any other questions? _____

3. **NOTE : SATURDAY NIGHT VOLUNTEER DINNER (SEE POLICY)**

*IF YOU PLAN TO ATTEND SAT VOL DINNER YOU **MUST BE PREREGISTERED ON THIS APP & APP MUST BE IN BY APRIL 1, 2009.** **(NO EXCEPTIONS—THIS IS WHEN WE ORDER OUR FOOD)** & **Please NO Maybes!** We want to be able to continue to offer this as a benefit.

DO YOU NEED **SAT VOL DINNER GUEST TICKETS** (ALL NON -VOL \$5.00) IF YES—HOW MANY? _____
NAME OF EACH GUEST (don't list those workers on front page –only paying guest)

CHILDREN **5 & UNDER** ARE FREE BUT MUST BE LISTED.
CHILDS NAME & AGE _____

PLEASE RETURN THIS APPLICATION BY April 1, 2009

TO: Bannack State Park /4200 Bannack Road / Dillon, MT 59725 / 406-834-3413