



**Group Visit Reservation Form**

Please fill out the bottom portion of this form and return by the date listed.

We have your trip reserved for \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Time

We must receive this completed form by \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Please return the form to: York River State Park  
5526 Riverview Road  
Williamsburg, VA 23188

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(Detach this portion and return to Park Office)

Organization \_\_\_\_\_

Group Leader \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone # \_\_\_\_\_

Program Date \_\_\_\_\_ Time \_\_\_\_\_

Number of Participants Adults \_\_\_\_\_ Children \_\_\_\_\_

Have you called in this reservation? Yes \_\_\_\_\_ No \_\_\_\_\_

Statement of Replacement

I, \_\_\_\_\_, as a representative of \_\_\_\_\_  
(school, camp, or other), agree that, should any equipment belonging to York River State Park be  
damaged or lost by a member of my class or group, it will be replaced within 30 days of the  
field trip.

\_\_\_\_\_  
Group Leader's Signature Date

\_\_\_\_\_  
Employer/Agent/Authorization Date