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

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 my 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

(DCR 199-055) (12/00)