

KICKAPOO VALLEY RESERVE EVENT PERMIT REQUEST

Requests must be received at least 45 days prior to the date of the scheduled event.

PLEASE PRINT

Date(s) of event: _____

Time: _____

Area to be held in (SEE Reserve Map): _____
(indicate location of event on map)

Number of people expected to participate: _____

Description of event:

Name of group requesting permit: _____

If an organization is sponsoring the event, proof of liability insurance is attached.

Contact person: _____

Phone number: _____

E-mail address : _____

Address: _____

| OFFICE USE ONLY | |
|--------------------------|---------------------|
| <input type="checkbox"/> | calendar |
| <input type="checkbox"/> | electronic calendar |
| <input type="checkbox"/> | signs made |

SEND REQUEST TO:

Kickapoo Valley Reserve
S3661 State Road 131
La Farge, WI 54639
kickapoo.reserve@krm.state.wi.us

Phone: 608/625-2960
Fax: 608/625-2962

LEAVE NO TRACE

Portable toilet rental required.

Trash & recycling can be brought to dumpsters @ Visitor Center

EMERGENCY ALERT SYSTEM
Includes Kickapoo River severe condition alerts

TEXT

54639 La Farge **TO** **54651** Ontario

888777

For Emergency Dial 911

Standard text messaging rates apply. Opt out at any time

Trail & River Information kickapoovalley.wi.gov

| | |
|---|---------------------------------|
| FEE: \$ _____ per day | |
| Fee paid <input type="checkbox"/> | Date paid _____ |
| Amount \$ _____ | check # _____ |
| PERMIT REQUEST: | |
| Approved <input type="checkbox"/> | Denied <input type="checkbox"/> |
| Additional instructions attached <input type="checkbox"/> | |
| Authorized by: _____ | |
| KVR Executive Director _____ | Date _____ |
| Invoiced Date _____ | |
| Via <input type="checkbox"/> | |