Catoctin Mountain Park



CAMP GREENTOP APPLICATION

The spring camp season at Camp Greentop is April – May and the fall camp season is from mid-August through October. Camp Greentop is unavailable from mid- May through mid-August and November through March. For the best chance of reserving your preferred dates, submit applications during the application period of December 1 through January 31.

Applications will continue to be accepted throughout the year for any dates still available after the initial application period.

Please type or print clearly. DO NOT SEND PAYMENT AT THIS TIME. Send completed application to:

Catoctin Mountain Park 6602 Foxville Road Thurmont, Maryland 21788	Fax: 301-271-2764		
In accordance with the Debt Collection Impr	lumber." The Taxpayer Identifying Nur	'shall require each person doing business with the nber (TIN) shall be used "for purposes of collect	nat agency to furnish to that
Group Leader:		SSN#:	
Address:	City:	State:	Zip:
Phone: (W)	(H):	FAX:	
Email:		Have you been here before:] Yes 🗌 No
Number of Leaders:	Total in Group:		
Type of Group: Adult 🔲 Youth 🗌] Family 🗌		
<u>KITCHEN FACILITIES:</u> If the Kitchen Facilities will be used	d, we recommend the Group ha	we a certified food handler on duty.	Catoctin Mountain

If the Kitchen Facilities will be used, we recommend the Group have a certified food handler on duty. Catoctin Mountain Park requires that each group designate a Kitchen Facility Supervisor to be in charge of the kitchen/dining hall facilities. The Kitchen Facility Supervisor will be the contact for all kitchen issues and will be responsible for maintaining U.S. Public Health Service sanitation requirements during use and at Check- out. He/she must meet with the Park Ranger during the Group's Check- in and Check- out along with the Group Leader

		P•	
(Cell Phone:		
			Cell Phone:

DATES REQUESTED:

Arrival Date:	_					
Check- in (Select one): 3:	oo p.m. 🗌 3:30 p.m.	☐ 4:00 p.m. ☐ 4:30	p.m. 🗌 5:00 p.m. 🗌	Other		
Departure Date:						
Check- out (Select one): 9:	00 a.m. 🗌 10:00 a.m.	🗌 11:00 a.m. 🗌 12:0	oo p.m. 🗌 Other			
ALTERNATE DATE: (In case 1	first choice is not avail	able)				
Arrival Date: Check- in (Select one): 3:	_ oo p.m. 🗌 3:30 p.m. [☐ 4:00 p.m. ☐ 4:30	o p.m. 🗌 5:00 p.m. 🗌] Other		
Departure Date:						
Check- out (Select one): 9	:00 a.m. 🗌 10:00 a.m	. 🗌 11:00 a.m. 🗌 12	2:00 p.m. 🗌 Other			
Will you need firewood: Yes 🗌 No 🗌						
*Minimum group size:	WEEKEND	WEEK	WEEKLY			
60	NIGHTS	NIGHTS	(e.g. Sun. – Sat.)			
	(Fri., Sat., Sun.)	(Mon. – Thurs.)				

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CAMP (Includes dining and recreation halls and pool)	\$900 per night	\$550 per night	\$4000 per week	TOTAL
recreation nails and pool)				
Number per:				

	ADDITIONAL FEES		
		Number of Hours	
Early or Late Check- in/Check- out	\$75 per hour		***Requests considered case- by- case

** 8:00a.m. – 8:00p.m. unless otherwise noted	DAY USE		
	WEEKEND DAYS	WEEK DAYS	
DINING/RECREATION HALLS (without camp)	\$350 per day	\$100 per day	TOTAL
Number per:			
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	ADDITIONAL FEES		
		Number of Hours	
Early or Late Check- in/Check- out	\$75 per hour		***Requests considered case- by- case

Briefly describe your planned activities. Use additional sheets if necessary.

Revised 11/17/2008