



DAY & OVERNIGHT CAMPING PERMIT
CAMP ACTON
Located at 362 Pope Road, Acton, MA, 01720

Office Use Only:
Permit No. _____
Date Issued _____

TOWN OF ACTON RECREATION DEPARTMENT
MAILING ADDRESS: 472 MAIN STREET, ACTON, MA 01720
OFFICE LOCATION: 50 Audubon Drive, Acton, MA 01720
E-MAIL: recreation@actonma.gov

Camp Acton permit requests must be received by the Acton Recreation Department no less than three business days before date of use requested.
All requests must be remitted back to the Acton Recreation Department via in-person or mail.
PERMITS ARE NOT ISSUED UNTIL PAYMENT HAS BEEN RECEIVED.

Please print:
NAME _____ GROUP (if applicable) _____
ADDRESS _____ E-MAIL (required) _____
PHONE _____

Please fill out the following information as it pertains to *all members of your party*, including children, attach additional sheet if necessary.

NAME	ADDRESS	AGE	VEHICLE PLATE # & STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of Arrival: _____ Date of Departure: _____
Time of Arrival: 12:00 PM (earliest) _____ Camp Site Number (s) Requested _____
Time of Departure: 10:00 AM (latest) _____ **Maximum Number of Campers Per Site = 10 total**

Comments/Special Requests: _____

SITE FEE IS \$25 PER DAY (MIN. 1 DAY FEE FOR ALL RENTALS)

We now accept Credit Card payments in addition to cash or check. Payments made via credit cards must be made in person at the Recreation office. A non-refundable convenience fee will be added to total of permit.

Conservation Lands are patrolled by the Acton Police Department:

- ◆ In case of emergency dial 911
- ◆ For non-emergency calls, dial (978) 264-9638 Police Business line

TO ALL REGISTRANTS OF CAMP ACTON: PRIOR TO FIRE USAGE, PLEASE CONTACT BOTH ACTON POLICE AND (978) 264-9638 AND FIRE DEPARTMENTS (978) 264-9645 TO OBTAIN CONSENT.

I/we hereby release and forever discharge the Town of Acton, the said Conservation Commission, its members, officers, and instructors, their heirs, assigns, and the administrators/employees from any and all actions, claims, demands, damages, judgments, executions, cost and any and all other claims or damages whatsoever, both in law or in equity, on accented of, growing out of, or resulting from all known or unknown personal injuries, conscious suffering, or any damages from my/my group's participating actively or as spectators.

Applicant Signature Required

Printed Name

Date

Pending availability, approval granted by the Town of Acton Recreation Department. For questions/comments, please contact the Town of Acton Recreation Department (978) 929-6640 x0. All items are carry-in, carry-out. A portable toilet is onsite from April 1st through Nov. 30th. Please display a copy of the signed permit easily visible to local authorities on the dash of your vehicle. A signed approved permit by the Recreation Department is required whether for day or overnight use.

Refunds will not be issued due to weather or withdrawal. Applicants Initials: _____

Office Use Only: Permit has been approved on _____ Permit has been denied on _____

Signed by Recreation Department _____

Payment received by: check # _____ in the amount of: \$ _____ or cash \$ _____ or CC \$ _____