

Contact Person: Chris Hines, Director Telephone (318) 346-6147 FAX (318) 346-4432
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**LOUISIANA YOUTH
EDUCATIONAL – RECREATIONAL CENTER**
5197 Highway 115
Bunkie, Louisiana 71322

APPLICATION FORM

Title of Group or Organization: _____

Name and Title of Group Leader: _____

Address: _____ Zip Code: _____

Telephone No: (____) _____ Day (____) _____ Night

Purpose of the rental: _____

Arrival Date: _____ Time: _____ am/pm **Departure Date:** _____ Time: _____ am/pm

Estimate number of attendees: _____ (Note: Must be verified no later than seven days prior to the arrival date given above.)

Age range of attendees (if minors are involved): _____ Number of adult chaperones (one per every 15 attendees): _____

If any member of the group has a disability requiring special accommodations, please attach a note to the application describing the requested accommodation.

Facilities to be used by group:

Number of cabins: _____

Swimming Pool Yes No
 Walking Trails Yes No
 Softball Fields Yes No
 Football Fields Yes No

Auditorium Yes No
 Assembly Building Yes No
 Fishing Pond Yes No

Computation of charges:

Number of attendees: _____ @ _____ per day/per week/per meal = \$ _____

Pre Registration Fee: \$ _____ Deposit Fee: \$ _____

Rental of facilities (**meals not provided**): number of attendees _____ @ _____ = \$ _____

One-day rental:

Rental of facilities (**meals provided**): cost per meal/person \$ _____ @ _____ = \$ _____

Rental of Auditorium: cost per day \$ _____ Youth Function \$ _____ Other \$ _____

I, the undersigned, agree to abide by the charges listed herein and to verify the number of attendees no later than 7 (seven) days prior to the arrival date, and assure that attendees under my supervision comply with Center regulations, a copy of which has been made available to me. Payment of the pre-registration fee and the remaining charges will be made by check, money order, or purchase order. The payment will be made payable to the Louisiana Department of Education within 30 days of the date of the invoice.

Signed Date

APPROVED

Title

Assistant Superintendent Date
Office of School and Community Support