



BLUE BAY FACILITIES

APPLICATION/RESERVATION FORM



NO ALCOHOL OR DRUGS ALLOWED
NO PERSONAL WATERCRAFT (JET-SKIS) ALLOWED

Name or Organization/Program: _____

Address: _____

City/State/Zip: _____

Phone: H() _____ W() _____

Date of Application: _____

Dates Requested: From _____ To _____

FEES:

DO NOT WRITE IN THIS SECTION—ADMINISTRATIVE USE

BUILDING	COST	USE	FEES DUE	TOTAL
A. MAIN LODGE	\$		DAILY FEE CHARGES	\$
B. KITCHEN-DINING HALL	\$		NO. OF DAYS	
C. BUNKHOUSE	\$		DAILY FEE CHARGES SUB-TOTAL	\$
D. BATHROOM-SHOWERS BUILDING	\$0.00		MAINTENANCE FEE (\$250 per event NON- REFUNDABLE)	\$
E. LAKEFRONT BUILDING	\$		LESS DISCOUNT _____	\$
F. GROUP SHELTER	\$0.00		TOTAL FEES DUE	\$
G. CLASSROOM BUILDINGS 1 & 2	\$0.00		LESS PAYMENTS RECEIVED	\$
H. OTHER _____	\$		TOTAL BALANCE DUE	\$
TOTAL DAILY CHARGE	\$			

Type of Activity: _____

Group Size: _____

Number of Adults: _____

Number Under 18 yrs old: _____

For Overnight Groups Only:
Number of -Overnight Chaperones & Number of Night Security: _____

BUILDING & MAINTENANCE FEE PAYMENTS RECEIVED:
Date Paid _____
Cash _____ Check _____ Check No. _____
Other _____

KEYS CHECKED OUT & IN ON THIS DATE:
OUT: _____ IN: _____

Notes: _____

YOUR DEPOSIT AND ALL DAILY FEES PAID IN ADVANCE SHALL BE FORFEITED FOR ANY VIOLATION OF THIS AGREEMENT OR OTHER BLUE BAY GROUNDS RULES AND REGULATIONS. FEES ARE DUE BEFORE THE KEY WILL BE GIVEN OUT.

NAME OF PERSON RESPONSIBLE FOR DAMAGES, REPAIRS AND CLEAN UP OF FACILITIES

(Please Print): _____

Permittee Signature: _____ **Date:** _____

SEND APPLICATION & PAYMENT TO:
Confederated Salish & Kootenai Tribes
WILDLAND RECREATION PROGRAM
P.O. Box 278 Pablo, MT 59855
Phone 406-883-2888

MAKE CHECKS PAYABLE TO:
Confederated Salish & Kootenai Tribes
P.O. Box 278 Pablo, MT 59855
Phone 406-675-2700