



State Parks Special Use Permit Application

Please fill in all areas below as completely as possible. If a question does not apply, use N/A. Allow up to thirty days for processing. Please enclose a \$25 nonrefundable processing fee for each event, made payable to the Treasurer of Virginia.

Return to:

New River Trail State Park
116 Orphanage Drive
Max Meadows, VA 24381

Permit Requested by:

Name of Organization: _____

Represented by: _____

Title: _____

Street Address: _____

City, State and Zip: _____

Telephone: (_____) _____-_____

Email: _____

Fax: _____

Name of Event: _____

Location (State Park/Area in Park): _____

Date (Month/Day/Year): _____, 20____

Time Beginning: _____ Ending: _____

Number of people involved or attending: _____

Necessary to set up in advance? Yes ☐ No ☐ When? _____

Any exhibits or displays? Yes ☐ No ☐ Number and type: _____

Any special requirements? (show type, location, number and responsibility for cost and set up)

Electricity: _____

Water: _____

Signs: _____

Stage or Platform: _____

Public Address System: _____

Port-a-Johns: _____

Picnic Tables: _____

Any special personnel? (show type, location, number and responsibility for obtaining cost)

Law Enforcement: _____

Parking Attendants: _____

Rescue Squad (First Aid): _____

Fire Department: _____

Guest(s) of Honor (Who/How Identified): _____

Entertainment (Who/When/Location): _____

Items to be sold (Type/By): _____

Sales Tax Arrangements (Type/Collected by/Prizes): _____

Health Dept Requirements for Food Handlers (Type/By): _____

Control Point (Type/Location/Who): _____

Traffic Flow Control (Type/Location/Who): _____

Potential Safety Hazards (Type/Location/Who): _____

Registration or Attendance Fees: Yes ☐ No ☐

Amount: _____ Collected By: _____

Livestock or animals (Type/Number/Location): _____

Clean up (When/By): _____

Please summarize below the planned event and all involved activities:

Signature: _____ Date: _____

Comments: _____

Signature: _____ Date: _____

New River Trail State Park
Vehicle Count Sheet for Shelters/ Gazebo

☐ Shelter

☐ Gazebo

Party Name: _____ Date: _____

Requesting Person(s) name: _____

Reservation Number (if applicable): _____

Reservation Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Fax # (if applicable): _____

I grant permission to the staff of New River Trail State Park to keep a count of vehicles and/ or passes received for the shelter/gazebo rental. This count will reflect the total amount of daily parking fees that will be PAID IN FULL prior to my departing New River Trail State Park the day of the reservation.

Signature of applicant: _____

Shift Supervisor: ☐ Approved ☐ Disapproved Supervisor Initials: _____

(bottom fields to be completed by park staff)

VEHICLE COUNT:

PASS COUNT:

Date amount due paid: _____

Amount Paid: \$ _____ Amount Unpaid: \$ _____

Method of payment (circle one): Cash Check Credit Card

Contact Ranger Signature: _____

(CONTACT RANGERS: Attach duplicate copy of receipt to this form once payment has been made. Send to park office with paperwork packet for your shift.)