

**WEBSTER COUNTY CONSERVATION BOARD**  
**1415 NELSON AVENUE**  
**FORT DODGE, IOWA 50501**  
**515-576-4258**

[www.webstercountvia.org](http://www.webstercountvia.org)

**CAMPING CABIN RENTAL AGREEMENT--You must be 21 years of age to rent a cabin**

Arrival \_\_\_\_\_ Departure \_\_\_\_\_

# of Nights \_\_\_\_\_ Date of Application \_\_\_\_\_ Approx. no of persons \_\_\_\_ Approx. age range \_\_\_\_\_

Name of representative \_\_\_\_\_ Name of group \_\_\_\_\_

Address \_\_\_\_\_

Ph: (Home) \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

I, the undersigned, hereby makes application to rent a family camping cabin at Kennedy Park for the above listed dates, and hereby makes payment of a **non-refundable rental fee of \$40.00/night (Sun.-Thurs) & \$50.00 /night (Fri., Sat., & holidays)** plus a damage deposit of **\$100.00**. Money orders will not be accepted for deposits. Checks for the rental fee and damage deposit must be written separately to expedite return of your deposit. **Checks must be made payable to Webster County Conservation Board. Your reservation will be cancelled if we have not received rental and deposit payments by the due date.**

I agree to be responsible for any damages done to WCCB property during our stay by ourselves or our guests. I agree the damage deposit may be applied by the Board to wholly or partially satisfy any damages caused by members of said group while using the facilities. Failure to clean up the facility and surrounding area may also result in forfeiture of all or part of the deposit. I also agree to assume responsibility for any damage over and above the deposit amount.

I further agree to accept the responsibilities stated in the "Cabin Rental Policy" and to abide by all state, county, and WCCB rules and regulations. Failure to comply with any cabin or park rules may result in fines, forfeiture of deposit, and suspension of park privileges.

**Maximum Occupancy:** Six (6) people

**Alcohol Use:** No beer in a keg or any other container larger than one quart is allowed

**Smoking & pets** are **not** allowed inside the cabins

Authorized Group Representative

**Official Use Only**

Number of nights (Sun.- Thurs.) \_\_\_\_\_ @ \$ 40.00 per night = \$ \_\_\_\_\_

Number of nights (Fri., Sat., Holiday) \_\_\_\_\_ @ \$ 50.00 per night = \$ \_\_\_\_\_

**10% Discount for stays of 4 consecutive nights** \$ \_\_\_\_\_

**Total Due** \$ \_\_\_\_\_

Rental Fee \_\_\_\_\_ Date Received \_\_\_\_\_ Security Deposit \$100.00 \_\_\_\_\_ Date Received \_\_\_\_\_

INSPECTION REPORT: Inspected By \_\_\_\_\_ Date/Time \_\_\_\_\_

General Condition: \_\_\_\_\_

Deposit Returned (Date) \_\_\_\_\_