

Figure 7

3 Night Maximum Stay

APPLICATION FOR USE OF CAMP SHELBY LAKE WALKER CABINS

Name: _____ Date of Application: _____

Rank: _____ Date of Rank: _____ Social Security Number (Last Four): _____

Cell/Home Number: (____) ____-____ Work/Office: (____) ____-____

Home Mailing Address: _____,
(Street Address) or (P. O. BOX) (City, State, Zip Code)

Unit of Assignment: _____ Unit Address: _____
(Street Address, City, State, Zip Code)

Email: _____ Unit Phone Number (____) ____ - ____

Dates Cabin Desired: Arrival Date: _____ Departure Date: _____

Cabin Number Preference if Any: _____ (LG sleeps 6; SM sleeps 4)

Credit Card: _____ EXP: ____/____/____ TYPE: MC/VI/AX
MM//YYYY

Name on Card: _____

Proposed use for the Cabin(s): (i.e. Holiday, Family Vacation, MWR visit, Cookout, etc.) _____

Number of Guest(s): _____ Do you require ADA accessible facilities during your visit? ____YES____NO

NOTE: Check-in time is 1300-1600 at Building 2101. After hours check-in is located at building 6606, MP Station. Check-out time is 0830 at Building 2101, Billeting Office. Late check-out is subject to one's night's fee without prior approval.

1. The CSJFTC Billeting Office must receive your application a minimum of three (3) days prior to your stay.
2. Guests may stay, at a maximum, three (3) consecutive nights. More than (3) nights must be approved by Housing Manager.
3. The cost is \$40.00 (Small Cabin) \$45.00 (Large Cabin) per night. If guest is paying by cash, payment will be collected upon arrival.
4. Guests assume full responsibility for any damages to the cabin during their stay.
5. All reservations are confirmed after the appropriate staff has reviewed and approved the application.
6. Cancellations must be made prior to 48 hours of your stay in order not to be charged a one nights cancellation fee of \$40.00 (Small Cabin) \$45.00 (Large Cabin).
7. **"NO" Pets and "NO" Smoking is allowed in the CSJFTC MWR Cabins.** If a guest has a pet, or smokes inside the Cabin; your account will be charged a minimum of \$150.00 for cleaning fees.

APPLICANT'S SIGNATURE: _____

Please Return Application to: ng.ms.msarng.list.camp-shelby-housing-office@mail.mil or Fax (601) 558-2339
Any questions, please call 601-558-2540/2545

For Official Use Only: Date received : _____ Time: _____ Approved _____ Denied _____

Housing Manager Comments: _____
(Lake Walker Cabin Application, 30 December 2015, earlier forms are obsolete)

Date called/emailed: _____ Inputted By: _____ Reservation #: _____