### Hobson Forest Cabin Facility Request Form

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<th>Organization</th>
<th>Contact Person</th>
<th>Address</th>
<th>Phone number</th>
<th>Advisor or Contact Person’s signature</th>
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#### Date(s) requested:
- From ____________ to ____________
- Number of people ____________

#### Specific use request (check all that apply):
- Cabin #1 (large w/ wood stove)
- Cabin #2 (small w/ wood stove)
- Campfire (in designated ring only)
- Camping (in designated area only)
- Hiking
- Ski touring
- Other (please explain)

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**User Policies:**

1) Under NO circumstances is alcohol or other drugs permitted on the premises.
   (University property = University policy)
2) Cars/ trucks/ motorized vehicles are only permitted in the parking lot and on direct road to cabins, motorized vehicles are NOT permitted on trails! If you need to drive to the cabins please use only one or two vehicles and keep the gate closed and locked behind you to prevent illegal use.
3) All facilities (cabins and surrounding area) must be cleaned thoroughly (cabins swept, trash picked up from yard and packed out).
4) Campfires must be confined to designated fire ring (near large cabin). Fires must be completely out after use.
5) Cabins and cabin road gate must be locked and secured after use.
6) Please help us to maintain and protect the facilities by reporting any damages to the Hobson Coordinator or OPC staff upon you return.

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**User Contract:**

I, the undersigned, on behalf of my organization or group, understand and hereby expressly waive, release and discharged all claims for liability for the injury or damages on the part of Bemidji State University and the Outdoor Program Center and their representative(s), or any individual acting in an official or advisory capacity.

Signature __________________________________________
Date ____________________

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Hobson Coordinator Approval __________________________
Date ____________________

OPC Director Approval _________________________________
Date ____________________

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**Hobson Deposit and Fees**

Deposit amount: ___________________________

Deposit check #: ___________________________
($100 deposit required)

Date reserved ___________________________  Staff sign ___________________________

Date out _______________________________  Staff sign ___________________________
(key and fire extinguisher @ time of check out)
Amount paid______________________________ Staff
sign________________________
(check Hobson rentals at beginning of book)

Date in________________________________ Staff
sign________________________

____ Fire Extinguisher
____ Hobson Key

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Hobson Coordinator Check In

Date Checked _____________________

Comments

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Hobson Coordinator Approval________________________________
Date________________

(you can return the deposit, if not signed do NOT return)

Deposit Returned on______________________ Staff
sign________________________