

**Bemidji State University – Outdoor Program Center  
Hobson Forest Cabin Facility Request Form**

Organization \_\_\_\_\_ Contact  
Person \_\_\_\_\_

Address \_\_\_\_\_ Phone  
number \_\_\_\_\_

Advisor or Contact Person's  
signature \_\_\_\_\_

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 Polices:**

- 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 \_\_\_\_\_

**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 \_\_\_\_\_  
sign \_\_\_\_\_  
(check Hobson rentals at beginning of book)

Staff

Date in \_\_\_\_\_  
sign \_\_\_\_\_

Staff

\_\_\_\_ 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 \_\_\_\_\_  
sign \_\_\_\_\_

Staff