



APPLICATION FOR GROUP USE OF KAL-HAVEN/VAN BUREN TRAIL

Name of Organization: _____

Address/Telephone/Email: _____

Contact Person: _____

Contact Information: Phone: _____ E-mail: _____

Date(s) of Intended Use: _____

Time of Intended Use: _____

Area (s) of intended Use: _____

Describe activities to be held on the trail:

Approximate number of guests:

Van Buren County hereby grants permission to the above organization to use the KAL-HAVEN/VAN BUREN TRAIL during the time period and for the purpose listed above.

Representative for the Kal-Haven/Van Buren Trail