

**Town of Carlisle
Overnight Camping Permit Application**

NAME _____ GROUP (if applicable) _____

ADDRESS _____ ADDRESS _____

NAME AND TELEPHONE NUMBER OF RESPONSIBLE PERSON WHO WILL BE A MEMBER OF THE CAMPING GROUP _____

NAME AND TELEPHONE NUMBER IN CASE OF EMERGENCY _____

Please fill out the following information for each member of your party (attach additional sheet if needed).

NAME	ADDRESS	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Arrival _____ Estimated Time of Arrival _____ Date of Departure _____

Camp Location Requested _____

Conservation Lands are patrolled by the Carlisle Police Department:

- In case of emergency dial 911
- For non-emergency calls, dial 978-369-1155

Comments/Special Requests: _____

I/we hereby release and forever discharge the Town of Carlisle, the said Land Stewardship Committee members, officers, and instructors, their heirs, assigns, and the administrators from any and all actions, claims, demands, damages, judgments, executions, costs and any and all other claims or damages whatsoever, both in law or in equity, on accentuate of, growing out of, or resulting from all known or unknown personal injuries, conscious suffering, or any damages from my/my group's participating actively or as spectators.

Signature Date

Approved by the Town of Carlisle Land Stewardship Committee

Date Approved

