

## Authorized Group Representatives

As an authorized representative of the organization applying for this permit, I do hold blameless, protect and indemnify the Kansas Department of Wildlife and Parks for damage or loss of property and injury or loss of life resulting from this event. I certify that the event described in the permit and on all attachments will be executed in accordance with conditions specified herein and in statutes and regulations of the state of Kansas. I accept full responsibility for any damage to the facilities, grounds, and natural features of the event area, including litter, vandalism, and reckless damage resulting from the event. I further certify that all the permit information is true and correct, to the best of my knowledge, and that I have read the Special Events General Regulations Summary.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\*\*\*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\*\*\*

Date Received: \_\_\_\_\_

Fee Received: \_\_\_\_\_

\_\_\_\_\_  
Authorized KDWP Representative

## NEARBY ATTRACTIONS

- \* 6,800-acre reservoir
- \* Showerhouse
- \* Dump station
- \* Fish-cleaning facility
- \* 9,500-acre wildlife area
- \* Threshing Machine Canyon
- \* Scenic bluff view
- \* Sport Haven (North Shore Marina)
- \* Bert's Corner (South Shore Marina)

# Broken Spur Group Campground

at  
Cedar Bluff State Park



Cedar Bluff State Park  
RR 2, Box 76A  
Ellis, KS 67637  
(785) 726-3212 (Area Office)  
(785) 628-8614 (Regional Office)  
e-mail:

CedarBluffSP@wp.state.ks.us  
Department Website:  
www.kdwp.state.ks.us

Equal opportunity to participate in and benefit from programs described herein is available to all individuals without regard to race, color, national origin, sex, religion, age or handicap. Complaints of discrimination should be sent to Office of the Secretary, Kansas Department of Wildlife and Parks, 900 Jackson St., Suite 502, Topeka, KS 66612. 01/03

# Broken Spur Group Campground

Cedar Bluff State Park offers an expansive campground for family reunions, company celebrations, and similar group gatherings.

A group fee includes camping and utilities.

**Vehicle permits are required on all vehicles.**

Groups pay for the exclusive use of the campground rather than the number of sites.

Individual utility sites are limited to **one camper per site**.

Additional primitive camping around the perimeter may be allowed.

Group sites offer of the following amenities:

- \* 12-50 amp electric and water sites;
- \* eight back-in and two double pull-through sites equipped with two utility receptacles each;
- \* picnic tables and fire rings at each site;
- \* horseshoe pits;
- \* sand volleyball court;
- \* playground equipment; and
- \* group shelter with a barbecue grill and picnic tables.

Group campsite must be reserved at least seven days in advance.

Fees for the group campsite must be paid in advance for all days reserved.

Reservations will be taken up to one year in advance; however, payment will not be accepted until after the first of the calendar year.

A \$50 cancellation deposit must be made at the time of reservation. The deposit will be returned following the usage date.

**Cancellation must be made 30 days in advance in order to receive a refund. If cancelled within 30 days of usage, you will forfeit the \$50 deposit.**



**Send permit application  
and payment to:**

**Cedar Bluff State Park**

**RR 2, Box 76A**

**Ellis, KS 67637**

## BROKEN SPUR SPECIAL USE PERMIT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Purpose:** This permit allows the permittee to use the Broken Spur Group Campground from: \_\_\_\_\_ to \_\_\_\_\_.

**Rental fee:**

Holiday weekend	_____ nights
@ CALL/per night =	\$_____.
May 1 through September 30	_____ nights
@ CALL/per night =	\$_____.
October 1 through April 30	_____ nights
@ CALL/per night =	\$_____.

*Call the park office  
(785) 726-3212  
For prices and availability.*

MasterCard # \_\_\_\_\_

Visa # \_\_\_\_\_

Signature: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Check # \_\_\_\_\_

Will sound amplification system be used?

Yes \_\_\_\_ No \_\_\_\_

Will any cereal malt beverage be served?

Yes \_\_\_\_ No \_\_\_\_