

Wisconsin State Parks and Forests

# **Cabin Campsite Reservation Request for People with Disabilities**

## GENERAL CABIN INFORMATION

There are eight (8) cabins for people with disabilities in Wisconsin State Parks. Please mail or fax the completed application directly to the park.

Park Name	Address	Phone	Fax	Availability
Buckhorn State Park	Cabin Reservation W8450 Buckhorn Park Avenue, Necedah WI 54646	(608) 565-2789	(608) 565-8033	May 1-October 15
Richard Bong State Recreation Area	Cabin Reservation 26313 Burlington Rd., Kansasville WI 53139	(262) 878-5600	(262) 878-5615	May 12-October 8
Kettle Moraine State Forest-Southern Unit	Cabin Reservation S91 W39091 Hwy. 59, Eagle, WI 53119	(262) 594-6200	(262) 594-6222	May 1-October 15
High Cliff State Park	Cabin Reservation N7630 State Park Rd., Sherwood, WI 54169	(920) 989-1106	(920) 989-4009	May 15-October 15
Kohler-Andrae State Park	Cabin Reservation 1020 Beach Park Lane, Sheboygan WI 53081	(920) 451-4080	(920) 451-4086	May 1-October 15
Mirror Lake State Park	Cabin Reservation 10320 Fern Dell Road, Baraboo, WI 53913	(608) 254-2333	(608) 254-2934	May 15-October 15
Potawatomi State Park	Cabin Reservation 3740 County PD, Sturgeon Bay, WI 54235	(920) 746-2890	(920) 746-2896	May 1-October 20
Harrington Beach State Park	Cabin Reservation 531 Cty Rd D., Belgium, WI 53004	(262) 285-3015	(262) 285 7821	May 1-October 15

Each cabin is designed to be WHEELCHAIR ACCESSIBLE. While each campground setting is different, the size, floor plan and furnishings are the same at all 8 cabins. **Additional tents and RVs are not allowed on the cabin campsite.** Only certified service animals are allowed in the cabin.

Each accessible cabin has:

- A kitchen with lower counter, stove, microwave and refrigerator;
- A bedroom equipped with two hospital beds (one is automatic) and Hoyer or Invacare lift;
- A living room with a full-sized sofa sleeper or futon and two cots are provided;
- A bathroom with a wheel-in shower, fold down shower bench and a shower commode chair;
- Heating and air-conditioning and many electrical outlets;
- A screened porch is attached.

### RESERVATIONS

- Mail, deliver or fax your completed reservation form to the state park/forest you wish to reserve. The addresses are listed above.
- Please make sure the envelope is marked CABIN RESERVATION.
- Reservation forms will NOT be accepted if postmarked or delivered before JANUARY 10.
- Parks will accept telephone reservations for the cabins only from June 1 to the end of cabin season, Monday - Friday, 9 a.m. - 4 p.m.

**WHAT YOU NEED TO BRING:** Food and drinks, cooking and eating utensils (dishes are not provided at any of the cabins), sheets/blankets/pillows/sleeping bags, towels and wash cloths, personal hygiene items, extension cords, lawn chairs, and a cell phone if you have one.

**CHECK IN TIME:** Check in time for the cabin is 3:00 p.m. Check out time is NOON on the last day of the reservation period. The noon check out time allows the cabin to be cleaned for the next "campers".

**REFUND CONDITIONS:** Cancellation requests may be made in person, by telephone, or by mail. Requests are made directly to the property where the reservation has been confirmed.

**FULL REFUND:** A full refund of all payments except the \$4.00 reservation fee will be made if the cancellation request is received at the park or forest office at least fourteen days before the cabin is to be occupied.

**PARTIAL REFUND:** A refund of all payments except the \$4.00 reservation fee and one night's cabin fee will be made for cancellation requests received less than fourteen days before the cabin was to be initially occupied. No refund will be issued once the cabin is occupied.

**ADDITIONAL INFORMATION:** Firewood may be purchased at the park or from a local vendor. Only CERTIFIED service animals are allowed in the cabins. State law prohibits pets in state buildings.

## Cabin Campsite Reservation Request for People with Disabilities

Form 2500-085 (R 02/18)

LEAVE BLANK-DNR USE	
Clerk	Date Rec'd.
Date	Time Rec'd.
Refund No.	
Check No./Date	
Check In Date	Check Out Date

**FOR USE EXCLUSIVELY BY PEOPLE WHOSE PHYSICAL DISABILITY MAKES USE OF TRADITIONAL CAMPING FACILITIES VERY DIFFICULT OR UNLIKELY.**

*This form for use only to reserve the campground cabin.*

First day to **accept** Reservation Applications: January 10.  
 Not accepted if postmarked or delivered **before** January 10.

**CONDITIONS: REFER TO BACK SIDE BEFORE CONTINUING (Please type or print)**

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\* Only one reservation will be accepted per application.\*

**Additional requests will require separate forms.**

**Notice:** Use of this form is required to reserve an accessible cabin under s. NR 45.10, Wis Adm. Code. Personally identifiable information on this form will be used to administer the parks and forest program and may be used to mail additional camping information and natural resources surveys.

**Complete and send form to campground.**

Name of Camper: (Last, First, Middle Initial)			Cabin Desired (select only <b>ONE</b> )		
Address			<input type="radio"/> Buckhorn <input type="radio"/> Richard Bong <input type="radio"/> KMSU-Ottawa Lake <input type="radio"/> High Cliff <input type="radio"/> Kohler-Andrae <input type="radio"/> Mirror Lake <input type="radio"/> Potawatomi <input type="radio"/> Harrington Beach		
City	State	ZIP Code	Vehicle		
Camper's Telephone Number	Email Address		#1. (Make) _____ (Lic. Number) _____		
			#2. (Make) _____ (Lic. Number) _____		

**CHECK-OUT TIME** is NOON on the last day of the reservation period.

**MAXIMUM Request On This Form - Four (4) Consecutive Nights.**

**FIRST CHOICE:** Reserve cabin beginning at 3:00 PM on the day of (Mo./Day) \_\_\_\_\_. I plan to stay \_\_\_\_\_ night(s). If the number of nights planned is not possible, I will accept a minimum of \_\_\_\_\_ night(s).

**SECOND CHOICE:** Reserve cabin beginning at 3:00 PM on the day of (Mo./Day) \_\_\_\_\_. I plan to stay \_\_\_\_\_ night(s). If the number of nights planned is not possible, I will accept a minimum of \_\_\_\_\_ night(s).

**THIRD CHOICE:** If the above choices are not possible, I will accept any \_\_\_\_\_ night(s) between (Mo./Day) \_\_\_\_\_ and (Mo./Day) \_\_\_\_\_. (  Weekends only     Any night(s) available )

NOTE: Only one camping party per reservation:

**Family camping party:** A parent or parents with their dependent children and not more than 2 guests.

**Non-family camping party:** Limited to six (6) people.

Please check one:     Family     Nonfamily

If nonfamily group or guests of family group, list names of others in party for emergency purposes only:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

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Line 1 CAMPING FEE: Number of nights _____ X rate \$ 30.00 =	\$ _____	Leave Blank -DNR Use
Line 2 RESERVATION FEE: (Not refundable once site is confirmed)	\$ 4.00	
<b>TOTAL:</b> (add lines 1 and 2)	\$ _____	

**METHOD OF PAYMENT - DO NOT SEND CASH**

My Check/Money Order is enclosed: Payable to the Department of Natural Resources

**Charge my:**  MasterCard®     Visa®     Discover®     American Express®

**Credit card will be charged upon confirmation of application.**

**Credit Card Number**

-     -     -     Exp. Date \_\_\_\_ / \_\_\_\_

Print name on card <input type="checkbox"/> Same as mailing address		
Billing Address:		
City	State	ZIP Code

\_\_\_\_\_  
 Signature (MUST be signed)

Because this cabin is one of 8 currently available in the Wisconsin State Park System, priority for its use will be for those least likely to use traditional camping facilities. Please check the category which best describes the needs of the person(s) with disability.

1.  Person with a permanent, severe physical disability, who requires a wheelchair as sole means of mobility and requires assistance with personal care needs.
2.  Person with physical disability who requires a wheelchair as sole means of mobility and requires minimal assistance with personal care needs
3.  Person with physical disability who requires a wheelchair as a means of mobility.
4.  Person with physical disability who uses adaptive equipment for mobility reasons.
5.  Others: Please explain \_\_\_\_\_

I, the undersigned, have read the reservation conditions and agree to be **responsible for the behavior of the camping party and to pay for damages or charges** for undue cleanup incurred by the Department. I certify that to the best of my knowledge, the above information is true. ***The person with the disability must be present the entire camping stay.***

Signature \_\_\_\_\_

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**RESERVATION APPLICATIONS ARE SUBJECT TO THE FOLLOWING CONDITIONS:**

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1. A Vehicle Admission Sticker is required on all motor vehicles using a state park and must be purchased on or before entry into the park. A maximum of two vehicles may be parked at the cabin campsite.  
Vehicle Admission Stickers: *(subject to change)*

Resident Annual	\$28.00	Resident Senior Annual	\$13.00	Nonresident Annual	\$38.00
Resident Daily	\$8.00	Resident Senior Daily	\$3.00	Nonresident Daily	\$11.00

*(Age 65 or older)*
2. Applicants must identify themselves (or one of their camping party) in one of the categories listed above.
3. **During the Period of January 10 to January 31:**
  - \* Applications delivered in person or faxed to the park office and those postmarked with the same date will be treated equally.
  - \* Random selection will be used to select applications received on the same date.
  - \* Applications from persons who identify themselves in Categories 2, 3 and 4 will be held until February 1.
4. **On February 1:**
  - \* Applications from persons who identify themselves in Category 2 will be considered for the remaining open dates, based upon the earliest date of receipt of the application.
  - \* After applications from persons who identify themselves in Category 2 have been handled, other applications will be handled in Category order: 3 then 4, based upon the earliest date of receipt of the application.
5. **On March 1:**
  - \* Applications received by mail, fax or in person at the park office will be honored as they are received.
  - \* Categories will not be used except to break a tie.
  - \* Random selection will be made of all like-priority applications received at the same time.
6. Applications from persons who identify themselves in Category 5 will be honored at the discretion of the park managers.
7. Advance reservations are important to ensure use of the cabin on specific dates.
8. Reservations are not valid until confirmed by the park.
9. Only one reservation period will be confirmed per application. Each application must be accompanied by full payment of the camping fee plus the \$4.00 reservation fee.
10. **Due to the high demand, reservations will not be accepted for more than four (4) consecutive nights nor more than 4 nights per year. The reserving party and any guest may camp in a cabin at a single property a maximum of 4 days in a calendar year per property.**
11. No smoking allowed in the cabin.
12. Pets are prohibited in the cabin, except for certified service animals.
13. Campers need to check in between 3:00-4:00 p.m. on the first day of their stay or contact the park office in advance.
14. Firewood Notice: As of June 1, 2014, firewood is not allowed on Wisconsin State Park or Forest properties from more than 10 miles away from the destination campground. In addition, firewood that has been in an EAB quarantined area is not allowed on properties outside of the quarantined area. Please buy firewood nearby or at the property you are going to. Call the DNR toll-free Firewood Hotline 1-877-303-WOOD (9663) for information before packing up for a trip.
15. Campers are responsible for removing all trash and recycling from the cabin. Dumpsters are available at the park.