



BACKCOUNTRY/WILDERNESS USE PERMIT APPLICATION



Grand Canyon National Park
Backcountry Information Center
1824 S Thompson St, Suite 201
Flagstaff, AZ 86001
Telephone (928) 638-7875, FAX (928) 638-2125

APPLICANT INFORMATION

Last Name		First Name		MI	Suffix
Street Address					
your contact info here					
City		State	Zip Code	Country	
Email Address		Home Phone		Cell Phone	
Is this an organized or guided trip?		Group/Organization Name			
<input type="checkbox"/> Yes <input type="checkbox"/> No					

TYPE OF BACKCOUNTRY USE REQUESTED (Check All That Apply)

<input checked="" type="checkbox"/> Backpacking	<input type="checkbox"/> Stock Number of Stock:
<input type="checkbox"/> Canyoneering/Rappelling	<input type="checkbox"/> River Use Indicate Type of Use:

ITINERARY DETAILS (for more choices, submit additional pages)

CHOICE ONE			CHOICE TWO		
Group Size	Entry Location	Exit Location	Group Size	Entry Location	Exit Location
1	South Kaibab TH	Bright Angel TH	1	Bright Angel T.H.	South Kaibab T.H.
DAILY ITINERARY DETAILS (use additional pages if necessary)			DAILY ITINERARY DETAILS (use additional pages if necessary)		
Date	Trail / Route to be Taken / Camp Location / Use Area		Date	Trail / Route to be Taken / Camp Location / Use Area	
Night 1	1/5/18 South Kaibab / CBG		Night 1	1/5/18 Bright Angel / CIG	
Night 2	1/6/18 Bright Angel / CIG		Night 2	1/6/18 Bright Angel / CBG	
Night 3	1/7/18 Bright Angel - out		Night 3	1/7/18 South Kaibab - out	
Night 4			Night 4		
Night 5			Night 5		
Night 6			Night 6		
Night 7			Night 7		

Additional Choices: If all choices above are unavailable, the Backcountry Information Center will retry using options selected below:

Alternate Start Dates 1/12/17 to 1/13/17	Trip Length (# of nights) 3	Minimum Group Size 1
<input checked="" type="checkbox"/> Similar/Nearby Campsites	<input type="checkbox"/> Reverse Itinerary	Flexible Itinerary? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

MODE OF TRANSPORTATION (for trailhead vehicles only, leave blank if unknown)

Vehicle (Including 4WD/Motorcycle): Parking Location	Plate #	State
Rental? <input type="checkbox"/> Yes <input type="checkbox"/> No		

METHOD OF PAYMENT

Method of Payment <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input checked="" type="checkbox"/> American Express	<input type="checkbox"/> Use hiker credit on file
Name on Card	Total Amount Authorized \$
Credit Card Number	Expiration Date
Signature	Date

personal info