Backcountry Permit Request Form Grand Canyon National Park

National Park Service
U.S. Department of the Interior

Submit form by Fax (928-638-2125) or mail (Backcountry Information Center, Grand Canyon National Park, PO Box 129, Grand Canyon, AZ 86023).

| Name | | Trailhead Vehicle 1 (State/Lic. Plate) | | |
|---------------------------------------|--|---|--|--|
| Address | | Trailhead Vehicle 2 (State/Lic. Plate) | | |
| Address | | | | |
| | | | group obtaining more than one permit, | |
| State Zip | | you must enter an Organization name. Because of the potential damages caused by social trailing, regulations stipulate that all permits are void | | |
| | | | permits for the same campground or use ternative for these "larger groups" is to | |
| | | obtain permits for smaller grou | ps and ensure the itineraries for these | |
| | | campground or use area on the | one of the permits into the same same night. If your permit is for 6 or less | |
| | # of stock | people, please keep gatherings to a maximum of 6 and select areas where impact to the canyon will be minimized. Please include the name of your "larger group" as your "Organization" name. | | |
| First Choice: | | Second Choice: | | |
| Date | Use Area or Campsite | Date | Use Area or Campsite | |
| 1 | | 1 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 6 | | 6 | | |
| (itinerary requ | uests can be longer than 6 nights) | | | |
| Third Choice: (| attach additional choices as need | ed) Willing to accept | variations to: | |
| Date | Use Area or Campsite | [] Start Date betw | [] Start Date between and | |
| 1 | | [] Campsites | | |
| 2 | | [] Trip length - <i>thi</i> | is will affect cost | |
| 3 | | minimum night | ts:, maximum nights: | |
| | | | requesting large group space: | |
| | | | rge group (7-11 people) is not | |
| 6 | | available, I will | accept a permit for 6 people. | |
| | Membership Program (Costs esponsible for the \$5 per person | | rk entrance fees upon arrival.) | |
| | member [] rieas | se enroll the for 1 year for : | | |
| Payment Inform Credit Card Nu | | Denied requests will not incur a cha | arge. Payments are non-refundable .) Exp. Date: / / / | |
| | | | n per night, all non-refundable) | |
| Cardholder Name Authorizing Signature | | | | |