National Park Service **Buffalo National River**

Commercial Use Authorization (CUA)

Monthly Activity Summary Report

Name of Business: _____

Signature _____

Printed Name _____

CUA # _____

MO/YR _____

Check here if you did not operate: ☐

Report Due: 5th of each month for preceeding month
Email: Buff_Superintendent@nps.gov
or Fax: 870-365-2701

	Total Days
	Total Clients
	Total Guides
	Total Guides & Clients
	Total User Days

1) Begin Date	2) End Date	3) Total # Days	4) Total # Clients	5) # of Guides	6) Total # People (4 + 5)	7) User Days (#6 X #3)	7) Activity	8) Location of Activity (from - to - and return)
9/26/2010	*9/26/2010*	*1*	*2*	*1*	*3*	*3*	*Hiking*	*Sample: Compton Trail Head to _____ and return.*

1) Begin Date	2) End Date	3) Total # Days	4) Total # Clients	5) # of Guides	6) Total # People (4 + 5)	7) User Days (#6 X #3)	7) Activity	8) Location of Activity (from - to - and return)
TOTALS								