



# Glacier Winter Wilderness Permit Application

Number of Campers (Max 12): \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

Names of all other campers: \_\_\_\_\_

License Plate on Vehicle at trailhead: State: \_\_\_\_\_ Plate #: \_\_\_\_\_

## Requested Trip Itinerary

Starting Date: \_\_\_\_\_

Night 1 - Requested Camping Location: \_\_\_\_\_

Night 2 - Requested Camping Location: \_\_\_\_\_

Night 3 - Requested Camping Location: \_\_\_\_\_

Night 4 - Requested Camping Location: \_\_\_\_\_

Night 5 - Requested Camping Location: \_\_\_\_\_

Night 6 - Requested Camping Location: \_\_\_\_\_

Night 7 - Requested Camping Location: \_\_\_\_\_