**PINNACLES NATIONAL PARK -- AUTHORIZED GUIDE SERVICE ITINERARY**

**All Authorized Holders must provide an itinerary one week before date of arrival. The itinerary can be a scanned/e-mail, photo copy by US Mail or fax to:**

***Commercial Use Authorization Coordinator, Pinnacles National Park, 5000 Highway 146, Paicines, CA 95043-9770 Email:*** [***Bea\_Lujan@nps.gov***](mailto:Bea_Lujan@nps.gov) ***Office: (831) 389-4427, ext. 4485 FAX (831) 389-4288***

Date of Arrival \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entrance to be used (circle): EAST or WEST

Authorization Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Activity:  Guided Climbing Guided Hiking  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camping at Pinnacles Campground (circle)? YES or NO Camp Site Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip Leaders are required to have a copy of their First Aid and CPR qualifications on file with the CUA Coordinator. If not on file, attach copy to this itinerary.

Name of Trip Leader(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visitor Use Acknowledgement of Risk (Pinnacles template) provided to clients? (circle) YES NO

In case of emergency during the period of this itinerary at Pinnacles, contact:

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

Office Cell Home

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

Office Cell Home

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| **REQUIRED CUA VEHICLE INFORMATION:**  **Number of Vehicles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ License plate numbers and description (color/make) of all vehicles (list below):** | | |
| **DATES/TIME** | **LOCATION (TRAILS, CLIMBING ROUTES, ETC.)** | **# OF GUIDES # OF CLIENTS** |
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| **PARK USE ONLY BELOW: Copy forwarded to Law Enforcement Office**  ***Reviewed by Permit Coordinator: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***PINN-152 (Revised 02/2017)*** | | |