



Pictured Rocks National Lakeshore
PO Box 40
Munising, MI 49862
906-387-3700

BACKCOUNTRY CAMPING PERMIT APPLICATION

APPLICANT INFORMATION							
When approved by NPS park official, this single-visit permit authorizes:							
Last Name:			First Name				
Street Address							
City		State		Zip Code		Country	
Day Phone			Evening Phone			Fax	
Email Address							
No. of People Per Trip				Is this an organized or guided trip? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Group/organization name				Commercial Use Authorization (CUA) Permit #			

METHOD OF TRAVEL			
<input type="checkbox"/> Foot/Backpacking	<input type="checkbox"/> Snowshoe	<input type="checkbox"/> Ski	<input type="checkbox"/> Stock Quantity
<input type="checkbox"/> Canoe Quantity	<input type="checkbox"/> Kayak Quantity	<input type="checkbox"/> Motorboat	Quantity

EQUIPMENT		
<input type="checkbox"/>	Tent or Shelter (Including hammock) Quantity	Notes: Maximum of 2 tents per site (excluding group sites). 1 Hammock = 1 tent. Tents & hammocks must be kept within 15 feet of campsite post. Most sites will not accommodate hammocks.

ITINERARY				
Start Date		End Date		
Entry Location		Exit Location		
Length of Stay				
	Date	Campground Name – 1 st Choice	Campground Name – 2 nd Choice	Campground Name – 3 rd Choice
	Night 1 -			
	Night 2 -			
	Night 3 -			
	Night 4 -			
	Night 5 -			
	Night 6 -			
	Night 7 -			
	Night 8 -			
Additional Choices: If all choices above are unavailable, the backcountry office will retry using options selected below:				
<input type="checkbox"/> Similar/Nearby Campsites		<input type="checkbox"/> Reverse Itinerary		Flexible Itinerary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate Start Dates		Earliest Start Date		Latest Start Date
Length of Stay (# of nights)		Entry Location		Exit Location

Privacy Act Statement: The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Information from the application may be transferred to appropriate Federal, State, local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Paperwork Reduction Act Statement: A Federal Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. This information is being collected to allow the park manager to make a valued judgment on whether or not to allow the requested use. All the applicable parts of this form must be completed. Public Reporting burden for this form is estimated to average 1 minutes per response, including the time it takes for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Comments regarding this burden estimate or any aspect of this form should be sent to the Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Dr. (MS-242), Reston, VA 20192.

The \$15 reservation fee must accompany the reservation request (non-refundable). Reservations must be postmarked or faxed at least 30 days prior to start of trip. Payment, in US funds, may be made by check, money order or credit card. Denied requests will not incur a charge. Changes to your reservation will result in an additional \$15 fee.

The reservation fee does not apply towards the permit fee of \$5 per person per night, which must be paid when you pick up your permit (non-refundable).

METHOD OF PAYMENT							
<input type="checkbox"/> Check (payable to National Park Service)		<input type="checkbox"/> Money Order		<input type="checkbox"/> MasterCard		<input type="checkbox"/> Visa	<input type="checkbox"/> Discover
Name on Card							
Billing Address							
City		State		Zip Code		Country	
Billing Phone Number		Credit Card Number					
CVC Code # (3 digits)		Expiration Date					
Total Amount		Signature					

MISCELLANEOUS			
Remarks			
Special Instructions			
Visitor's Signature		Date	
Issuing Officer's Signature		Date	

Mail completed Backcountry Camping Permit Application to:

**Backcountry Office
 Pictured Rocks NL
 PO Box 40
 Munising, MI 49862**

...or **FAX** the completed form to Backcountry Office at: **906-387-4457**

Please be patient. You will receive a confirmation notice by mail as soon as your application is processed. If we are unable to process your request we will contact you to discuss alternate options. Please allow 30 days to receive your confirmation letter. If you have questions or concerns, call the backcountry office at 906-387-3700.

For NPS Use:

Date _____ Received by _____ Confirmation sent _____

To be filled out when permit is picked up:

Emergency Contact Information			
Trip Itinerary Point-of-Contact			
<input type="checkbox"/> Family	<i>Name</i>	<i>Phone Number</i>	<i>City/State</i>
<input type="checkbox"/> Friend			

METHOD OF TRAVEL							
Vehicle				Vehicle			
State		Plate #		State		Plate #	
Make		Model		Make		Model	
Color		Rental?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Color		Rental?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking Location				Parking Location			

Date _____ Received by _____ Payment _____ Cash Check Credit Card