

BACKCOUNTRY REGISTRATION FORM

DENALI NATIONAL PARK AND PRESERVE
 TALKEETNA RANGER STATION
 PO BOX 588
 TALKEETNA, AK 99676
 Phone (907)733-2231; Fax (907) 733-1465
 E-mail: DENA_Talkeetna_office@nps.gov

Permit Number: _____

Date entered: _____

GROUP INFORMATION and TRIP DETAILS

Group Name: _____ **# In party:** _____ **Back country units:** _____

Departure Date: _____ **Return Date:** _____ **Air Taxi:** _____ **Guide Service:** _____

Drop off location: _____ **Pick up location:** _____

Are you bringing a radio/ cell phone/ PLB: _____ **Tent type and color:** _____ **# days of food** _____

Please provide an itinerary including all peaks , and routes. If more then one peak, please include dates planned for each peak:

INDIVIDUAL INFORMATION

Name: _____ Date of Birth: _____	Name: _____ Date of Birth: _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Emergency contact: _____	Emergency contact: _____
Emergency Contact Phone number: _____	Emergency Contact Phone number: _____
Name: _____ Date of Birth: _____	Name: _____ Date of Birth: _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Emergency contact: _____	Emergency contact: _____
Emergency Contact Phone number: _____	Emergency Contact Phone number: _____

CMC's Issued

_____	_____	_____	_____	_____
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Sign here: _____

With my signature I acknowledge I have received the above CMC(s) and understand that I, as the group leader, will be held responsible for the return all CMC(s) issued to my expedition.

Ranger doing check in: _____

Data entry completed: _____

POST-TRIP REPORT:

Actual Departure date:

Actual return date:

Did you climb or attempt to climb any peaks? If so, which ones, what route(s), did you reach the summit and how many days were you on each peak?

What were the snow conditions like?

Were there any sanitation problems in any of the areas you were visiting?

Any additional comments, suggestions or concerns?

Back Country Units -If your unit is not listed, please list "other" as the unit

Mt Hunter (including Thunder Mtn)

Mt Huntington

Peak 11,300

Mooses Tooth

Ruth

Upper Kahiltna (Including Base Camp)

Little Switzerland

Eldridge (Including Buckskin Glacier)

Kitchatnas

Yentna (Including Mt. Russell)

Bull River/Foggy

Lower Kahiltna (Including Ramparts)

Mt Brooks (Including Mt. Silverthorne)

Peters Glacier

Mt Dall

Tokosha Mtns

Alder Peak

West Fork of Chultina

Denali National Park and Preserve recognizes that a certain number of park visitors will become ill, injured or incapacitated in some way. It is the policy of Denali National Park and Preserve to assist those in need, when in the opinion of the park personnel appraised of the situation, it is necessary, appropriate, within the reasonable skill and technical capability of park personnel, and provides searchers and rescuers with a reasonable margin of safety.

Search and rescue operations are conducted on a discretionary basis. The level and exigency of the response is determined by field personnel based on their evaluation of the situation. Rescue is not automatic. Denali National Park and Preserve expects park users to exhibit a degree of self-reliance and Responsibility for their own safety commensurate with the degree of difficulty of the activities they undertake.

Denali national Park and Preserve encourages self-reliance, preventive education and user preparation. We believe that prudent use of these elements to be the best possible means to safely enjoy the park

INDIVIDUAL INFORMATION

Name: _____ Date of Birth: _____ Address _____ City, State, Zip _____ Emergency contact: _____ Emergency Contact Phone number: _____	Name: _____ Date of Birth: _____ Address _____ City, State, Zip _____ Emergency contact: _____ Emergency Contact Phone number: _____
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