

## **Supplemental Solo Form**

This form MUST be completed in full along with the standard registration form at least 60 days prior to your start date in order for your registration to be complete. Please feel free to attach additional information such as maps or drawings.

Denali National Park & Preserve Talkeetna Ranger Station Box 588; Talkeetna, AK 99676 907-733-2231

Name		Expedition Name
Mountain	Ascent Route	Descent Route
Why do you plan to solo climb	?	
What is the goal of your climb	?	
How many days do you plan fo		Latest due out date:  (Beyond this date, search efforts may be initiated)
Please describe the following equi		
Tent (s): 1) shape: 2) shape:	color: color:	make: make:
Other shelter types you plan to		muxe.
Please describe the following equi	pment by color, make & model:	
Shovel:	Snow Saw:	Skis or Snowshoes:
Sled or drag bag:	Bivy sack / over sack:	
Sleeping pad(s):		
Insulated parka:	Outer shell parka:	Outer pants:
Do you have full overboots that What type of mountaineering b	t cover your boot sole? Yes / No oots?	What type of inner boots?
Please describe the following equi	pment by color, make & model:	
Rope:	Anchors:	
Ice Axe (s):	Crampons:	
· /	utions will you take for hidden crevasses?	
If you fall into a crevasse, pleas	se explain how you plan to get out.	
Please explain how you plan to	descend steep terrain.	
Radio type:	Frequency/channel:	GPS: Yes / No
Type of extra batteries:	Number of extra sets:	
Select two times each day you (We recommend 9:00 a.m. and		are overdue or in the event of an emergency.
Other signal devices:(Cell phor	ne, satellite phone, PLB?)	

How many days of food total?  Do you plan to leave any caches while you climb	How many days of food will you leave at base camp?		
Where?	How will the caches be marked?		
What will you leave in your base camp cache?			
At which camps do you plan extra time to acclim	natize?		
Stove: Fuel type:	Fuel amount:		
Number of wands:	Color flagging:		
Have you informed a friend or your next of kin a	7 - 2 - 2		
Please provide us their name and contact inform.  Name:	anon.		
Address:	Home phone:		
Work phone:	Home phone:		
If there is an emergency, who would you prefer v Name:			
Address:	Their relationship to you:		
Work phone:	Home phone:		
	e in America we can contact in case of an emergency?		
Name: Address:	Their relationship to you:		
Work phone:	Home phone:		
Do you have any allergies or are you allergic to any medications?			
Please list the major medications you are taking on your trip.			
In the event you become ill or injured, please explain what you plan to do.			
Have you made any special arrangements with your pilot for unsual drop offs, pick ups, or fly overs?			
Are you planning to exit the Alaska Range by any means other than an aircraft pickup at your basecamp? If so, please prepare a map or describe intended route.			
What are your plans after completing your climb? (i.e. what is your next destination after returning from this climb?			
Have you built a snow cave and spent a night in i	it? Yes / No An igloo? Yes / No		
What is the coldest temperature you have climber	d to?		
What is the highest elevation you have climbed to	o?		
What is the highest elevation you have slept at?			
What is the longest wilderness trip you have done	e solo?		
Remember You must check out with us at the co	• • • •		
With my signature, I certify that the information I prov	vided on the registration form is true and correct to the best of my knowledge.		
	Signature and Date		