

## WINTER TRIP REGISTRATION

Please print this form and mail it to the address at the bottom of page 2. This form and payment must be mailed in with your request and received by the Reservations Office at least 7 working days prior to your departure. No refunds once reservation is made.

Only US checks are accepted. Credit cards (Visa, MasterCard and Discover), bank check, or money order are also accepted for winter reservations.

Trip Dates: Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ **Total Camping nights:** \_\_\_\_\_

Number in Party: \_\_\_\_\_

Please specify (X) type of site desired: \_\_\_\_\_ Lean-to, \_\_\_\_\_ Cabin, \_\_\_\_\_ Tent, or \_\_\_\_\_ Bunkhouse

Second choice of dates and/or site type recommended

### Destination, Proposed Itinerary, and Routes:

## WINTER CAMPING PARTY NAMES

LEADER'S NAME: \_\_\_\_\_

MOTOR VEHICLE INFORMATION (FOR VEHICLES PARKED AT PARKING LOT):

MAKE/COLOR/PLATE #: \_\_\_\_\_

Type of payment: Check or Money Order# \_\_\_\_\_ (US Checks only)

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ cvc: \_\_\_\_\_ (3 digit code)

### LEADER INFORMATION

Name:

Mailing Address:

Home Phone:

Work Phone:

Email:

Prior winter experience in Baxter State Park ? IN OTHER WILDERNESS AREAS?

**Leader's Emergency notification**

Name:

Relationship:

Address:

Home Phone:

Work Phone:

Email:

**I ATTEST THAT TO THE BEST OF MY KNOWLEDGE, ALL MEMBERS ARE CAPABLE AND FIT ENOUGH TO ENSURE THE SAFE COMPLETION OF OUR PROPOSED ITINERARY.**

\_\_\_\_\_  
Leader's Signature                                  Date

**TEAM MEMBERS INFORMATION:**

<u>NAME</u>	<u>EMERGENCY PHONE #'S</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Mail to:  
Baxter State Park  
Winter Reservations  
64 Balsam Drive  
Millinocket, Maine 04462  
(207)-723-5140