

Supplemental Solo Camping and Climbing Form

If you intend to winter camp or winter climb alone in Baxter State Park, this form must accompany a camping reservation request before your climb. Feel free to attach additional information such as maps and drawings.

Baxter State Park
64 Balsam Dr.
Millinocket, ME
04462
Ph: (207)723-5140

Name: _____

Date of Intended Camping Trip: _____ Where will you be camping? _____

Date(s) of Intended Climb(s): _____

Intended Routes (up / down): _____

Why do you want to camp / climb alone? _____

What is the goal of your trip / climb(s)? _____

Please describe your equipment by color, make, model etc. by answering the following questions:

Tent: shape:	color:	make/model:
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Shovel:	Snow Saw:	Skis or Snowshoes:
Sled or Drag Bag:		Bivy Bag / Over Sack:
Sleeping Pad / Sleeping Bag:		
Insulated Parka:		Outer Shell Parka:
Type of Boots:		Gaiters / Super Gaiters:

Rope:	Size / Length:
Ice Axe:	Anchors:
Climbing Helmet / Color:	Crampons:
How do you intend to safely descend steep terrain?	

GPS: yes / no	Cell Phone: yes / no (if yes, then #)
FRS Radio: yes / no	Frequency BSP can monitor in event of emergency:
Spare Batteries: Type:	Number:
Map: yes / no	Compass: yes / no
Other Devices: (satellite phone, PLB?)	

Please answer the following questions (feel free to attach additional information such as maps or drawings):

How many days of food?		
Stove:	Fuel Type:	Fuel Amount:

Have you informed a friend or next of kin about your proposed climb / trip?
 Please provide their name and contact information:

Name: _____
 Address: _____
 Work Phone: _____ Home Phone: _____ Cell Phone: _____

If there is an emergency, who would you prefer we notify?
 Name: _____ Their relationship to you: _____
 Address: _____
 Work Phone: _____ Home Phone: _____ Cell Phone: _____

If you are from a foreign country, is there anyone in the United States that we can contact in case of emergency?
 Name: _____ Their relationship to you: _____
 Address: _____
 Work Phone: _____ Home Phone: _____ Cell Phone: _____

Do you have any allergies? (food / medication / etc.) _____
 Please list the major medications you are taking on your trip / climb: _____
 In the event you become ill or injured, please explain what you plan to do: _____

 What is the longest winter wilderness trip you have done solo? _____

❖ Remember, you must sign in at the trailhead register before and after your climb / trip.

Additional information: _____

With my signature, I certify that: The information I have provided on the Solo Camping and Climbing Form is true and correct to the best of my knowledge; this form does not give me permission to "free solo" climb on technical terrain in Baxter State Park.

_____/_____
 Signature Date