

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 or be completed 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
Fax: (207)723-6381

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 InReach Address:
Other Devices: (satellite phone, PLB?)	
Vehicle: Make _____	Model _____ State _____ License Plate _____

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? <i>Please provide their name and contact information:</i>		
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*