Olympic National Park
Wilderness Camping Permit Reservation Request

Print Form

WIC Staff Only

Permit #_____
Date _____
Conf. sent _____
Fee Processed _____
Initials_____

Received by:
Mail____ Fax____

Please see instructions page before filling out this form. Use a separate form for each reservation. A letter confirming your request will be emailed or mailed to you after your reservation is processed. Permit Fees will be charged upon a successful reservation. Forms received without payment will be denied.

Reservations are accepted starting April 1 for trips occuring between May 1 and September 30 by mail or fax only (no emails or phone). DO NOT call to confirm receipt of your fax. DO NOT submit via *both* fax and mail!

MAIL: **Olympic National Park, WIC**
3002 Mt. Angeles Rd.
Port Angeles, WA 98362

FAX: **(360) 565-3108**

For Information Only: (360) 565-3100, olym_wic@nps.gov

GROUP LEADER CONTACT INFORMATION

Name

Address

City State

Country Zip

Daytime or Cell Phone #

Email

# of Adults # of kids (15 & younger) # of Stock

Stock Type # of Boats Boat Type

If this is an organized group (Scout Troop, Church group or Commercial group) or guided trip, please include the following:

Group Name

CUA/SUP #

ITINERARY (Choice #1)

Date Month/Day	Camp Name (list 1 night per line) (See camp area map on website)

Entry Trailhead Exit Trailhead

ITINERARY (Choice #2) or continuation of Choice #1

Date Month/Day	Camp Name (list 1 night per line) (See camp area map on website)

Entry Trailhead Exit Trailhead

To secure a trip, will you accept the following changes to your requested itinerary? (check all that apply)

☐ nearby campsites ☐ reverse route ☐ alternate start and/or end dates

FEES

Permit fees are $5 to register your group plus $2 per person, *per night* (15 yrs old and under are free).
See fee chart on website to calculate fee!

Signature & Date _____

Annual Pass Type ☐ ONP Annual Wilderness Pass

☐ America The Beautiful Senior ☐ "Access Pass" ♿

Pass Number(s)

Amount Authorized $ (Non-refundable)

◯ MasterCard ◯ Visa ◯ Discover ◯ AmEx

Name on Card

Credit Card # **(use dashes)**

Expiration : Month Year