Backcountry Registration

Which of the following activities do you plan to participate in while in the backcountry on this trip. (Select all that apply)

Hiking **Biking** **Camping** **Canoeing**

Names of people in group **1.**	**5.**
2.	**6.**
3.	**7.**
4.	**8.**
Group Leader Experience:	**Organization:** **Telephone Number:**
Group Leader's Address: **Street:** **City/Town:** **Province/State:** **Country:** **Postal Code:** **Telephone #:**	**Vehicle Licence #'s:** **Location of Vehicle (s):**
Emergency Contact:	**Telephone #:** **Cell Phone:**

Departure: **Time:_____ AM or PM**	**Date:** **Point of Departure:**
Proposed Route:	**Destination:** **Date of Arrival at Destination:** **Time of Arrival: AM or PM**
Return **Proposed Route:**	**Point of Return:** **Date of Return:** **Estimated time of return:** **AM or PM**
Comments: e.g. how long are you prepared to stay out if there is bad weather, color and number of tents, are you carrying GPS, Spot messengers:	

PARK WATCH NUMBER: 1-800-667-1788