

U.S. DEPARTMENT OF AGRICULTURE FOREST SERVICE 		FORM APPROVED OMB NO. 0596-0019 EXPIRES 01/2010		(13) TRAVEL PLAN If a travel zone map is available, list all zones that you will be traveling through, in sequence, and indicate the number of nights you plan to spend in each zone. If travel zones are unknown, describe your planned trip by listing campsites, lakes or named landmarks you plan to visit and the number of nights you will spend in each area.				TRAVEL ZONE CODE		NIGHTS		
Completion of this form is voluntary and is not required by law or to obtain a Federal benefit. However, we would appreciate your cooperation in providing us with information about your planned National Forest visit. It will help us plan for future management and protection of this area. We will enter the proper codes in the shaded blocks.												
THANK YOU!												
(1) NAME (First, middle initial, and last)												
(2) MAILING ADDRESS (optional)												
(3) CITY AND STATE			(4) ZIP CODE									
(5) AREA VISITING (Write name of area)												
(6) DATES OF VISIT (Give best estimate of start and finish dates of your visit)				From month/day								
				Through month/day								
(7) LOCATION OF ENTRY POINT (Write name of entry point)												
(8) LOCATION OF EXIT POINT (Write name of exit point)												
(9) PRIMARY METHOD OF TRAVEL (Write method such as hiking, horseback, canoes, etc.)												
(10) NUMBER OF PEOPLE IN GROUP												
(11) NUMBER OF PACK OR SADDLE STOCK								(14) REMARKS - SUGGESTIONS				
(12) NUMBER OF WATERCRAFT OR VEHICLES												

FS-2300-32 (11/96)

BURDEN AND NONDISCRIMINATION STATEMENTS

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0019. The time required to complete this information collection is estimated to average 3 minutes per response.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.