

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											
(12) NUMBER OF WATERCRAFT OR VEHICLES											
(14) REMARKS - SUGGESTIONS											

FS-2300-32 (11/96)

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