


U.S. Department of Agriculture Forest Service 		FORM APPROVED OMB NO. 0596-0019 EXPIRES 01/2010		(14) TRAVEL PLAN List or code all zones to be traversed, in sequence of travel, and number of nights to be spent in each zone. In areas where specific campsites are assigned, list and code each site and the number of nights assigned.				TRAVEL ZONES (or campsite)		NIGHTS	
VISITOR'S PERMIT (Ref. FSM 2323)											
WHEN SIGNED, THIS SINGLE - VISITOR PERMIT AUTHORIZES											
(1) NAME (First, Middle Initial, and Last)											
(2) MAILING ADDRESS (Optional)											
(3) CITY AND STATE				(4) ZIP CODE							
(5) TO VISIT (and to build campfires in accordance with regulations)											
(6) DATES (Give best estimates of start and finish dates)				From month/day							
				Through month/day							
(7) LOCATION OF ENTRY POINT											
(8) LOCATION OF EXIT POINT											
(9) PRIMARY METHOD OF TRAVEL											
(10) NUMBER OF PEOPLE IN GROUP											
(11) NUMBER OF PACK AND SADDLE STOCK											
(12) NUMBER OF WATERCRAFT OR VEHICLES (Check Regulations - Vehicles not allowed in many permit areas)											
I agree to abide by all laws, rules and regulations which apply to this area and will do my best to see that everyone in our group does likewise.											
(13) VISITOR'S SIGNATURE				DATE		(17) ISSUING OFFICER'S SIGNATURE					
										FOREST CODE OFFICE CODE	
VISITOR'S MUST HAVE THIS PERMIT IN POSSESSION DURING STAY IN REQUIRED PERMIT AREAS											

FS-2300-30 (11/96)

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