

Death Valley National Park

Commercial Services
P.O. Box 579
Death Valley, CA 92328
760-786-3241
DEVA_Permits@nps.gov



SUPPLEMENTAL ACTIVITY REPORT

Please provide the information requested for **each trip planned**– fill out a separate sheet for each visit.

Trip Plan

Company Name: _____ Email Address: _____

Total estimated number in your group:	Number of Participants:	Number of Guides:
How much are you charging each participant for this trip		
Cite dates and locations you propose to use: <i>Locations are awarded on a first come-first served basis according to the date you plan to be at a specific location.</i>	Location:	Date:
Beginning and ending dates of your trip to Death Valley	Beginning Date:	Ending Date: