FOREST ORDER NO.
EATON CANYON CLOSURE

REQUEST FOR ENTRY

Submit this request to the District Ranger, Los Angeles River Ranger District by email or fax at least 96 hours before the anticipated entry date. It is recommended that a follow-up phone call to the District Ranger occur to ensure that the application has been received and the District Ranger is available.

REQUESTOR'S NAME: _____

REQUESTOR'S ADDRESS: _____

NUMBER IN GROUP (12 person maximum): _____

DATE OF ENTRY: _____

I am requesting entry into the following sections of the Eaton Canyon Closure Area [ENTER PRECISE DESCRIPTION OF AREA]:

_____

_____

[Requestor's
Initials Below:]

____ I have a specific, planned route through the area described above.

____ I will provide adequate food and water for all persons in the group.

____ I have taken actions to ensure that my group is self-reliant and understands that we must ensure our own safe travel through the area described above.

____ Each member of my group has the proper canyoneering equipment, training, skill level, and physical fitness level to successfully complete this trip.

____ I have a map and compass, and the ability to use both to locate the correct route.

____ I will check the weather conditions and the flash flood potential prior to the start of my trip.

____ I agree to restrict my travel to within 30 feet of the high water line while in the area described above.

____ I will carry this permit with me for the duration of the trip.

____ I will provide a friend or family member my itinerary so they will know if we are overdue.

I, [PRINT NAME]: _____, understand and accept the risk of entering the area described above.

REQUESTOR'S SIGNATURE: _____

EXECUTED ON (DATE): _____

For Agency Use Only:

AUTHORIZATION FOR ENTRY

I have determined that the risk to personal health and safety is reasonable considering the circumstances of your request. As a result, this letter provides written authorization for your group of _____ [ENTER NUMBER] to enter only the area described above on _____ [ENTER DATE].

AUTHORIZING OFFICIAL'S NAME: _____

AUTHORIZING OFFICIAL'S TITLE: _____

AUTHORIZING OFFICIAL'S SIGNATURE: _____