

**APPENDIX C
HUNTING OUTFITTER/GUIDE TRIP ITINERARY**

SANTA FE NATIONAL FOREST

NOTE: Each TRIP ITINERARY may be scanned, or electronically filled out, and e-mailed, 48 HOURS before entering Forest Service land, to SantaFe_OutfitterTripPlan@fs.fed.us

Name of Outfitter: _____ Doing Business As: _____

Start and Finish dates of trip: _____ through _____
Month/Day/Year Month/Day/Year

Purpose of trip, including type of hunt and species: _____
 Public Lands Hunt Private Lands Hunt

Name(s) of NM Registered Guides for this trip:

_____	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Emergency	Vehicle Make/Model _____	License Plate # _____
_____	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Emergency	Vehicle Make/Model _____	License Plate # _____
_____	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Emergency	Vehicle Make/Model _____	License Plate # _____
_____	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Emergency	Vehicle Make/Model _____	License Plate # _____

Information about client(s) in the group to be guided during this trip:

Name: _____ City, State: _____ Phone Number: _____ GMU: _____

Total Fees: _____ Hunter Non-Hunter Discount / Free

Name: _____ City, State: _____ Phone Number: _____ GMU: _____

Total Fees: _____ Hunter Non-Hunter Discount / Free

Name: _____ City, State: _____ Phone Number: _____ GMU: _____

Total Fees: _____ Hunter Non-Hunter Discount / Free Name

Name: _____ City, State: _____ Phone Number: _____ GMU: _____

Total Fees: _____ Hunter Non-Hunter Discount / Free

Clients have a signed contract

Total Number of Hunting Clients _____

Total Number of Non-Hunting Clients _____

Total Number of Clients _____

Name of Ranger District that issued the Special Use Permit: _____ Exact Camp Location: _____

Location of Entry (include District name): _____ Location of Exit (include District name): _____

Indicate the routes of travel, including Districts to be traveled through, game units to be hunted, planned location of camps, and number of nights at each camp:

Please select which Wilderness(es) you will be spending time on and estimate the number of days you will be spending on your selections below.

Wilderness Name \ Estimated Number of Client (Visitor) Days (Number of Clients x Number of Days)

Chama River Canyon _____ San Pedro Parks Wilderness _____ Dome _____ Pecos Wilderness _____

Number of pack and saddle stock: _____ Number of dogs: _____

Gross Revenue of Trip: \$ _____ Or other compensation received _____

Signature: _____ Date: _____
(Permit Holder)

By submission of this form, the permit holder named above attests that all the information furnished for this itinerary is true and correct to the best of his/her knowledge (18 USC 1001).