



Overnight Camping Permit

Mokelumne Wilderness

Trip Leader: (First Name	(Last Name)	Group Size		
Street Address		·		
City, State, ZIP		·		
Trip Leader Phone		Email		
Start Date	Start Trailhead	· · · · · · · · · · · · · · · · · · ·		······································
Exit Date	Exit Trailhead			
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Anticipated Itinerary. Please provic	de each night's destination and da	te. Last date below should be one day be	fore the Exit Date entered above.	
Night 1	Date	Night 1	Date	· ·
Night 2	Date	. Night 2	Date	:
Night 3	Date	Night 3	Date	
Night 4	Date	. Night 4	Date	
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SUBMIT FORM TO SM.FS.mokewild@usda.gov TO BE VALID.

PRINT, SIGN, AND CARRY THIS PERMIT WITH YOU ON YOUR TRIP.

I agree to abide by all laws, rules, and regulations that apply to this area and will ensure that everyone in our group does likewise.

Trip Leader's Signature

Date



- 1. Plan Ahead and Prepare
- 2. Travel & Camp on Durable Surface
- 3. Dispose of Waste Properly
- 4. Leave What You Find
- 5. Minimize Campfire Impacts
- 6. Respect Wildlife
- 7. Be Considerate of Other Visitors