PRE- SEASON ANNUAL ITINERARY

DISTRICT: _____

OUTFITTER: _____

NAME: _____

ADDRESS: _____

CITY/STATE: _____

Period of Use _____ **to** _____

Additional trips must be submitted for approval prior to use and if approved, fees must be paid in advance. Unapproved additional trips will be charged at the standard fee for Commercial Use plus 1%.

Unapproved nonuse will be charged for at the standard fee for Commercial Use.

Assigned Camps 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

1. Trip and Type of service provided (i.e. full or partial service, hunt and type, fishing, etc.)	2. Camp Name & Location D = Drop; B = Base; E= End of Road; S= Spike	3. Period of Use From - To	4. No. of Days	5. No. of Clients	6. Total Client/ Service Days Col 4 x Col 5	7. Revenue per Client	8. Gross Revenue Col 5 x Col 7	9. % of time on N.F.

Please report donated trips and include in your listing above. Donated trips may not be used as a deduction to gross revenues.

Trip Donated To	Advertised Value	Auctioned Value

I certify the information provided is a complete and accurate summary of my operations.

Signature: _____ Date: _____

Approved By: _____ Date: _____

I am requesting _____ priority service days be approved for nonuse.

Estimated Revenue: $

Proposed Service Days: ___ Permitted Service Days: _____

Note Difference

PRE- SEASON ANNUAL ITINERARY – Continuation Sheet

1. Trip and Type of service provided (i.e. full or partial service, hunt and type, fishing, etc.)	2. Camp Name & Location D = Drop; B = Base; E= End of Road; S= Spike	3. Period of Use From - To	4. No. of Days	5. No. of Clients	6. Total Client/ Service Days Col 4 x Col 5	7. Revenue per Client	8. Gross Revenue Col 5 x Col 7	9. No of Days or Hours on N.F.