



Superior National Forest | Oct 2025

Boundary Waters Canoe Area Wilderness Trip Plan

Entry Date:

Entry Point:

Total Group Size:

Exit Date:

Exit Point:

USFS Issue Station:

Type of Watercraft:

Number of Watercraft:

Make/Model of Vehicle/s:

License/s:

State/s:

Proposed Route and Trip Purpose:

Share your trip plan with your emergency contact. In case of emergency, or if our crew has not been heard from by this date: please contact (include name and phone):

Participants and Emergency Contacts:

Group Leader:

Email:

Address:

Emergency Contact and Phone:

Please list up to three alternates who can pick up the permit if the group leader cannot.

Alternate Group Leader:

Name:

Email:

Emergency Contact and Phone:

Alternate Group Leader:

Name:

Email:

Emergency Contact and Phone:



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Alternate Group Leader:

Name: Email:

Emergency Contact and Phone:

Please add all group members not listed above including emergency contact and phone.

Group Member:

Emergency Contact and Phone:

Nearest Hospital ER from the Entry Point: