

Raccoon Creek State Park Overnight Backpacking Reservation Form

Personal Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Emergency Contact Information

Name: _____

Phone: _____

Vehicle Information

Make and Model: _____

State and License Number: _____

Hike Information

Departure Date: _____

Return Date: _____

Departure Point: _____

Route of Travel: _____

Number in Party: _____

Tent/Shelter Area(s): _____

Fee: _____