COMMERCIAL RECREATION GUIDE REPORT FORM
Arctic National Wildlife Refuge

Special Use Permit # _____ Company Name _____

Permittee Name (Printed) _____ Permittee Signature _____ Date Completed _____

Air Taxi or Other Service Used	Type of Trip (float, hike, both, etc.)	General Areas Visited (river, mountains, valleys, etc.)	Location/Site		Dates		Number in	
			Put-in	Take-out	Put-in	Take-out	Client	Guide

*** Please submit this report by October 15 to: Arctic National Wildlife Refuge, 101 12th Ave., Room 236, Box 20, Fairbanks, AK 99701**