

RESERVATION REQUEST FORM

TYPE OR PRINT CLEARLY WITH INK & RETURN COMPLETED REQUEST (5 PAGES) TO:

NAHANNI NATIONAL PARK RESERVE

P.O. Box 348 Fort Simpson, NT, Canada, X0E 0N0 TEL: 867-695-7750 Fax: (867) 695-2446 Email: nahanni.info@pc.gc.ca

GROUP DESIGNATION								
(Clearly Indicate one):								
🗌 Non- Guided 🛛 🗋 Blackfeather 🔄 Nahanni River Adventures 📄 Nahanni Wilderness Advent								
		TRIP L	EADER					
Surname:			First Name:					
Address:		City:		Province:	Country:			
Postal Code:	Tel:		Email:					
PROPOSED ITINERARY								
Start Location:	Start Date:		End Location	1:	End Date:			
Nájljcho Preferred Date:	Nájljcho Alternate Date:		Air Charter Company:		Group Size (Max. 12):			
ATTACHMENTS								
The following documentation is mandatory before entering the park (Clearly indicate submitted documents):								
Emergency Contact and Equipment List Group Members List Detailed Trip Itinerary Communication Equipment								
PAYMENT								
Payment can be made by Visa, Mastercard, American Express, Cheque or money order. If paying by credit card please call our Visitor Reception desk at 1 (867) 695-7750 to give your information over the phone. Cheques and Money orders are made out to the Receiver General for Canada and can be mailed to the Nahanni National Park Reserve mailing address above.								
FOR INTERNAL USE ONLY								
Date Received:	Payment Auth	norization Number:	Registration	Number:				







ADDITIONAL INFORMATION

Due to limited carrying capacity, all visitors must make a valid reservation prior to their overnight stay at the Nájljcho (Virginia Falls) campground. Valid reservations guarantee a maximum of two nights at Virginia Falls.

GROUP DESIGNATION

Groups must indicate their designations in order to have their application processed.

- Custodial Groups: Is an institutional group where at least one person is less than 18 years of age, and that a minor is not in the company of his/her parent. Institutional groups include, but are not limited to School groups, Scout/Guide Groups, Church Groups, Cadet Groups and Community Youth Groups.
- Non-Guided Group: Member(s) of a Non-Guided Group cannot receive monetary gain for their participation. All members of the group will share trip preparation and conduct in an equally participatory nature.
- Guided Group: An individual or organization that receives monetary gain for managing, escorting, or leading persons or groups through Nahanni National Park Reserve is said to be guiding commercially. Guided Groups must be employed by a Licensed Outfitter.
- Licensed Outfitter: Is an outfitting and guiding company licensed by Nahanni National Park Reserve.

PROPOSED ITENERARY

For public safety and management purposes groups must indicate their start and end locations with corresponding dates in order to have their application processed. Applicants must indicate preferred and alternate dates for their reservation at Nájljcho.

CONFIRMATION AND RESERVATION

Reservations will not be confirmed until all information is complete and all applicable park fees are paid. Incomplete reservation requests have a reduced chance for acquiring their preferred itinerary because complete reservation requests will take precedence. Nahanni National Park Reserve will determine and assign Náįlįcho dates based on available reservation dates at Nájljcho.

PAYMENT OPTIONS & REFUND POLICY

<u>Park User Fees</u> can be paid via cheque, Visa, MasterCard or American Express. Do not mail cash. Paid reservations are 50% refundable until March 31, and 100% nonrefundable after March 31.

REGISTRATION / DEREGISTRATION

Registration through the <u>park office in Fort Simpson</u> is required prior to entering the park for any overnight trip at any time of the year and de-registration is mandatory upon your safe return.

GROUP MEMBERS LIST ADDITIONAL INFORMATION

- Trip Leader: Is the person who usually possesses the greatest knowledge, experience, training, and ability in a group. This person is Nahanni National Park Reserve's primary contact for the group. There is only one designated Trip Leader per group.
- Guide: Is a person employed by a Licensed Outfitter; who possesses a valid Nahanni National Park Reserve Guide License.
- Associate Guide: Is a person sponsored by a licensed outfitter; who does not possess a valid Nahanni National Park Reserve licensed Guide. Associate Guides are training under the supervision of Nahanni National Park Reserve licensed Guides.
- Group Member: Is a trip participant who is not: the Trip Leader, a Guide, and/or an Associate Guide.

Canadä





GROUP MEMBERS LIST

Registration #_____

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Role/Position (clearly indicate one): Trip Leader Group			Role/Position (clearly indicate one):					
Surname:	name: First Name:		Surname:		First Name:			
Address: City: A		Address:		City:				
Province:	Postal	Code:		Province:		Postal Code:		
Country:	Country: Telephone:			Country:	Teleph	none:		
Email Address:				Email Address:				
May we contact you for futur	e visitor surve	/s? 🗌 Yes	□No	May we contact you for future visitor surveys? Yes No				
Role/Position (clearly indicate one):			Role/Position (clearly indicate one):					
Surname:	First Na	First Name:		Surname:		First Name:		
Address:	City:	City:		Address:		City:		
Province:	Postal	Postal Code:		Province:		Postal Code:		
Country: Telephone:		Country:	Tele	elephone:				
Email Address:			Email Address:					
May we contact you for future visitor surveys? Yes No			May we contact you for future visitor surveys? ☐ Yes ☐ No] No	
Role/Position (clearly indicate one): Trip Leader Group Member		Role/Position (clearly indicate one):						
Surname:	First Na	me:		Surname:		First Name:		
Address:	City:			Address:		City:		
Province: Postal Code:		Province:		Postal Code:				
Country: Telephone:		Country: Telephone:						
Email Address:			Email Address:					
May we contact you for future visitor surveys? Yes No			May we contact you for future visitor surveys? Yes No					





GROUP MEMBERS LIST

Registration #_____

Canadä

Role/Position (clearly indicate one): Trip Leader Group Member		Role/Position (clearly indicate one): Member		Trip Leader	Group			
Surname: First Name: S		Surname:		First Name:				
Address: City: A		Address:		City:				
Province:	nce: Postal Code: I		Province: Postal Code:					
Country:	Country: Telephone:			Country:	Telephone:			
Email Address:				Email Address:				
May we contact you for futur	e visito	or surveys?	☐ Yes ☐ No	May we contact you for future visitor surveys? Yes No				
Role/Position (clearly indicate one):			Role/Position (clearly indicate one):					
Surname:	First Name:			Surname:		First Name:		
Address:	City:		Address:		City:			
Province:		Postal Code:		Province:		Postal Code:		
Country: Telephone:		Country:	Telep	phone:				
Email Address:			Email Address:					
May we contact you for future visitor surveys? Yes No			May we contact you for future visitor surveys? ☐ Yes ☐ No				□No	
Role/Position (clearly indicate one): Trip Leader Group Member		Role/Position (clearly indicate one):						
Surname:		First Name:		Surname:	urname:		First Name:	
Address:		City:		Address:		City:		
Province:	Postal Code:		Province:		Postal Code:			
Country:	Country: Telephone:		Country: Telephone:					
Email Address:			Email Address:					
May we contact you for future visitor surveys? ☐ Yes ☐ No			May we contact you for future visitor surveys? Yes No					





EMERGENCY CONTACT & EQUIPMENT LIST

PRI	MARY EMERGENCY	CONTACT (MANDAT	FORY)
Surname:		First Name:	
Address:			City:
Province:	Country:		Postal Code:
Tel:	Email:		
IMPORTANT: this emergency contact pinformation for the next of kin for all groenergency contact persons. <i>For visitor</i>	oup members. In the eve	ent of an emergency, Re	scue Technicians will get in touch with
SEC	ONDARY EMERGEN	ICY CONTACT (OPTIC	ONAL)
Surname:		First Name:	
Address:			City:
Province:	Country:		Postal Code:
Tel:	Email:		

Colour	Quantity	Make	Mode





DETAILED TRIP ITINERARY – Please include information on the planned travel route and known
camping locations.

COMMUNICATION EQUIPMENT – check the box and fill out further information if you are using any of the following:

□ Satellite Phone

Brand_____

Phone number_____

□ SPOT Satellite Locator Beacon - Listed Emergency Contact

Person:_____

Phone number:_____

□ Personal Locator Beacon

*Does your emergency contact person have our 24 hour Duty officer phone number? (867-695-3732, in operation June 1 – September 30).

Canada

