

# BHVA WALK REQUEST

Check: YR \_\_\_\_\_ SEASONAL \_\_\_\_\_ TRADITIONAL \_\_\_\_\_

Please fill out all areas completely and accurately and e-mail to Allan Ward at [arward44@gmail.com](mailto:arward44@gmail.com) or mail to PO Box 1355, Sundance, WY 82729

DATE:

NAME OF WALK:

CITY & STATE:

NAME OF START POINT:

START BETWEEN \_\_\_\_\_ AND \_\_\_\_\_ . FINISH BY \_\_\_\_\_

DISTANCE \_\_\_\_\_ TRAIL RATING \_\_\_\_\_

AWARD: \_\_\_\_\_ FEES: \_\_\_\_\_ NUMBER OF STAMPS \_\_\_\_\_

DIRECTIONS TO START POINT: (use back of sheet if needed)

TRAIL DESCRIPTION: (use back of sheet if needed)

EVENT INFORMATION OR SPECIAL PROGRAMS: (use back of sheet if needed)

WATER? \_\_\_\_\_ FOOD? \_\_\_\_\_ RESTROOMS? \_\_\_\_\_

WHEELCHAIR ACCESSIBLE? \_\_\_\_\_ STROLLER ACCESSIBLE? \_\_\_\_\_

ARE PETS ALLOWED? \_\_\_\_\_

.....  
POINT OF CONTACT: NAME  
ADDRESS  
PHONE  
E-MAIL

*Walk will not be sanctioned without the following information for BHVA use only:*  
**\*WHO IS YOUR CO-POC WHO WILL BE HELPING TO MARK & CLEAN THE TRAIL AND WHO CAN TAKE OVER IN CASE OF EMERGENCY?**

NAME:

PHONE #