



State of Alaska - Department of Natural Resources
Division of Parks and Outdoor Recreation
Chugach State Park

Application for a Special Park Use Permit

Name of Applicant: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell # on day(s) of event: _____

Email: _____

Location & Description of Proposed Activity:

Number of People Attending Activity Adults: _____ Children: _____

Date & Time(s) of Activity:

A non-refundable application fee of \$25 is required for Special Park Use permits. Make checks payable to: Department of Revenue.

Permittee Signature

Permit holders are required to abide by the park rules and stipulations of the permit.

Date

Check # _____ Paid \$ _____

Date Paid _____