



Republic of the Philippines
 Department of Environment and Natural Resources
OFFICE OF THE PROTECTED AREA SUPERINTENDENT
 Mount Kanla-on Natural Park, Negros Island

BOOKING FOR MOUNTAINEERING

Date filed : _____

Name : _____

Proposed Date : _____

Mailing Address : _____

Telephone / Fax No. : _____

Email Address : _____

Institutional Affiliation : _____

Position : _____

Expedition Team Leader : _____

Member : (male : _____ female : _____)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Proposed Itinerary : _____

Available Mountaineering Equipment : _____

This is to certify that the above details are true to the best of my knowledge and are being provided in relation to my application for mountaineering permit at Mount Kanla-on Natural Park. That any misrepresentation of information provided shall be a ground for non-issuance of my permit. That I am also duty bound to abide with park laws, rules and regulations.

 Name and Signature

Office Address :

The Protected Area Superintendent
 DENR- Office of the PASu, Mt. Kanla-on Natural Park
 Bacolod Liaison Office, c/o DENR-PENRO Compound
 South Capitol Road, Bacolod City 6100, Philippines
 Telefax (034) 433-3813; 707-5484