2022 McNeil River State Game Sanctuary

CHANGE REQUEST FORM

ORIGINAL APPLICANT INFORMATION

[1] Full First Name	M.I.	[1] Last Name		[4] Phone Number
[1] Date of Birth (MM/DD/YY)	[1] Alaska Resident? Yes____ No____	[4] E-mail Address (for notification of lottery results)		
[1] Mailing Address			[3] Identification Type/Number	
[2] City	[2] State/Province	[2] Zip	[2] Country	**Orig. Application Confirmation #**

CHANGE REQUESTED

_____ **Add individual to application** _____ **Change of Address** _____ **Change time block choices**

_____ **Other (describe):**

Enter New applicant or changed information below

[1] Full First Name	M.I.	[1] Last Name		[4] Phone Number
[1] Date of Birth (MM/DD/YY)	[1] Alaska Resident? Yes____ No____	[4] E-mail Address (for notification of lottery results)		
[1] Mailing Address			[3] Identification Type/Number	
[2] City	[2] State/Province	[2] Zip	[2] Country	**$30.00 per person non-refundable application fee**

[1] Full First Name	M.I.	[1] Last Name		[4] Phone Number
[1] Date of Birth (MM/DD/YY)	[1] Alaska Resident? Yes____ No____	[4] E-mail Address (for notification of lottery results)		
[1] Mailing Address			[3] Identification Type/Number	
[2] City	[2] State/Province	[2] Zip	[2] Country	**$30.00 per person non-refundable application fee**

[1] Required Information.
[2] Required combination of City/State/Zip for U.S. addresses; or City/Province/Country for non-U.S. addresses.
[3] Required information: Provide a unique identification such as a driver's license, passport, etc. (include state or country of issue and ID number).
[4] Your phone number and email address will assist us in contacting you. We will notify all permit winners by email and U.S. Mail, but we will only notify unsuccessful applicants by email (if you provide an email address).

[5] A maximum of 3 persons are allowed in your group and on your application. Include check or credit card information for $25.00 payment for each additional person added to original application.

[6] For address changes: fill in applicants name and new address information above and check change of address box.

TOTAL $$ ENCLOSED

Circle One	Credit Card Number	Exp. Month/Year	3 digit code
Visa / MasterCard	| __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ |	____/____	_____

Name as it appears on card: **Signature of Cardholder:**

Guided Viewing Access Permit **(up to 4 choices)**	Enter Time Block Letters Below
1st CHOICE	
2nd CHOICE	
3rd CHOICE	
4th CHOICE	

Camp-Standby Viewing Access Permit **(up to 4 choices)**	Enter Time Block Letters Below
1st CHOICE	
2nd CHOICE	
3rd CHOICE	
4th CHOICE	