



GANA-A'YOO, LIMITED

1001 E Benson Blvd, Suite 201, Anchorage, AK 99508 (907) 569-9599

10 Year Campsite/Use Permit

| | | | |
|---|------------------------------|---------------------------------------|-----------------------------|
| Shareholder or descendant: Yes () No () | | Permit Number: _____ | |
| Print Name: _____ | | Family members Using Permit: _____ | |
| Address: _____ | | City: _____ | State/Zip: _____ |
| Beginning Permit Date: _____ | Ending of Permit Date: _____ | Total Years Permit is paid for: _____ | |
| Please select from the following: | | | |
| <input type="checkbox"/> Shareholder | | \$500.00 | |
| <input type="checkbox"/> Descendant of an original shareholder (please submit a copy of your birth certificate showing relations to the shareholder) | | \$500.00 | |
| Name(s) of shareholder parent(s) or grandparent(s) _____ | | | |
| <input type="checkbox"/> Non-Shareholder Resident | | \$5,000.00 | |
| GPS Location: _____ | | Intended use _____ | |
| Township Location: _____ | | South, Range: _____ | East, Section & Part _____ |
| (Kateel River Meridian, State of Alaska) | | | |
| Local Description: _____ | | | |
| Map Included | | Yes () | No () |
| This permit is issued by Gana-A'Yoo Limited and accepted by the Permittee, subject to the forms, covenants, general terms and conditions of the Gana-A'Yoo, Limited Land Management Use Policies. By signing here, you agree to strictly use this permit for yourself and family members as listed on this form for purposes of subsistence activities and understand that commercial use of the campsite is strictly prohibited and agree not to transport hunters, or guide hunts on Gana-A'Yoo lands. | | | |
| Signature(s) of Permittee(s): _____ | | Date: _____ | |
| _____ | | Date: _____ | |
| For office use only: | | Dates _____ to _____ | Fee _____ |
| | | Number of Years: _____ | 3% Sales tax (Galena) _____ |
| | | | Total _____ |
| Permit Number: _____ | | GPS Location: _____ | |
| Resource Committee Approval | | Yes () | No () |
| Manager Signature: _____ | | Date: _____ | |
| Form of Payment: | | | |
| <input type="checkbox"/> Cash | | | |
| <input type="checkbox"/> Check Bank/# _____ | | | |
| <input type="checkbox"/> Credit Card: Company: _____ | | Expiration Date: _____ | |
| <input type="checkbox"/> Other (money order, cashier check, certified check): _____ | | | |