

## BUTTERFIELD HIKING TRAIL REGULATIONS

1. Before you hike the trail, please obtain a hiking permit (free) from the park office at Devils Den and return the permit when you get off the trail.
2. Camping is not permitted along the trail that lies within the park boundary.
3. TRASH - If you pack it in---you pack it out. Do not bury trash: wild animals dig it up and scatter it.
4. When hiking - Stay on the maintained trails. Never run and do not cut switchbacks. Cutting across switchbacks hastens erosion.
5. Leave natural or historical features (wildlife, plants, geology, old home sites) undisturbed.
6. Camp at least 100 feet off trail and from any water source or historic structure.
7. Prevent pollution of streams and spring sites. Do not wash directly in them; keep soap and detergents out of the waterways.
8. Use a cook stove whenever possible. Do not cut any live or standing trees. Be careful with fires.

**REMEMBER:** "LET NO ONE SAY, AND SAY IT TO YOUR SHAME, THAT ALL WAS BEAUTY HERE UNTIL YOU CAME."

Devil's Den State Park West Fork, Arkansas 72774



## Youth Group Information

- Obtain a (free) hiking permit from the Devil's Den State Park office. (Maps and trail information are available at the park office.)
- Hike the entire length of the trail (approx. 14.5 miles)
- Spend at least one night on the trail.
- Know the First Aid Skill Award or basic First Aid.
- Review the history of the Butterfield Overland Stage
- Take a one day "shake down" hike (recommended but not required).

To obtain the patch and/or medal, complete the form below and mail to: Westark Area Council, Boy Scouts of America, 1401 Old Greenwood Road, Fort Smith, AR 72901.

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Please mail our group the following awards: \_\_\_\_\_ medals @ 10.50 each. \_\_\_\_\_ patches @ \$4.55 each. \_\_\_\_\_ shipping. Please call the Council Scout Shop (800-748-8509) for price. I have enclosed \$\_\_\_\_\_ to cover the cost of the awards and shipping.

I certify that our \_\_\_\_\_ has completed the  
(name of group)  
Butterfield Hiking Trail and the special requirements to qualify for the awards.

\_\_\_\_\_  
(Signature of Group Leader)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_