

WILDERNESS TRIP PLAN



COMPLETE THIS FORM PRIOR TO YOUR TRIP AND LEAVE IT WITH A RESPONSIBLE PERSON. ALTERNATIVELY, LEAVE IT (FACE DOWN) ON YOUR DASH BOARD. <u>YOUR LIFE MAY DEPEND ON IT!</u>

<u>Name of Hiker</u>	<u>Age</u>	Shirt/Jacket Color	<u>Cell Phone No.</u>
Intended Start (date/time):/	Inter	nded Return (date/time):_	/
Please notify law enforcement (911) if I/we of	do not return or	call by (date/time):	/
Emergency Contact (Name):		Phone No).:
Purpose of Trip (i.e. hiking, camping, climbing	, etc.):		
Destination/Route – Plan A (please be specif	<u>ic)</u>		
Destination(s):			
Route In / Route Out:			
<u> Destination/Route – Plan B (Alternate)</u>			
Destination(s):			
Route In / Route Out:			
Vehicle/Transportation			
Make/Model:	Licens	e:	Color:
Other Transportation (pick-up or drop-off): _			
Equipment/Supplies Taken			
☐ Multi-tool/Repair Kit ☐ Sun Protect	tion 🖵 Ex		☐ First Aid Supplies gnaling (whistle/mirror) y radio – channel:
■ Backpack – color: Shelter Additional Information - information you feel			·