The Hike / Trip Plan

DEPARTURE DATE _____ DEPART TIME _____

RETURN DATE _____ RETURN TIME _____

PARTICAPANT MANIFEST				
	Participant's Name	Contact Number	Emergency Contact	Contact Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Navigational Aids

_____ Map of Area

_____ Compass

_____ GPS

_____ SPOT

Tracking Enabled?
YES / NO

Other Information
Persons responsible for the care of our home and pets at our residence.

_____

_____

_____

TRANSPORTATION TO: _____ Start point / Trail head / Destination *(Circle One)*

VEHICLE MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE # _____

VEHICLE MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE # _____

VEHICLE MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE # _____

Copy this page all you want! Leave a copy of your plan(s) with a family member or friend, and check-in .