## TRIP PLAN



## How to use:

- 1. Fill out this Trip Plan before you leave home.
- 2. Email or leave this Trip Plan with someone you trust.
- 3. If you do not call or come home by the expected time then that person should call 911 or the local agency listed below and give them this Trip Plan.

| Name:  |                 | Gender:                 | Number in Party: |
|--|-----------------|-------------------------|------------------|
| Date of Birth:   | Cell Phone #:   | M F Cell Provider:      |                  |
|  |                 |                         |                  |
| Address:   |                 |                         |                  |
| Any Medical Problems:  |                 |                         |                  |
| Outdoor experience: (circle one)   |                 |                         |                  |
| Novice Average Expert  |                 |                         |                  |
| Equipment List: (Circle all t  | that apply)     |                         |                  |
| GPS  | Extra Clothes   | Firestarter             | Food for days    |
| Map/Compass/PLB  | Sleeping Bag    | Water                   | Tent – Color:    |
| Flashlight/Extra Batteries   |                 | First Aid Kit           | Other:           |
| Other people that can provide information about me and my trip: (Name & Phone #'s) |                 |                         |                  |
|  |                 |                         | ,                |
|  |                 |                         |                  |
| Vehicle Make, Model, & Color:  |                 | License Plate:          |                  |
| Start Location & Date:   |                 | Return Location & Date: |                  |
| Destination/Purpose:   |                 |                         |                  |
| It's a ware  |                 |                         |                  |
| Itinerary:   |                 |                         |                  |
|  |                 |                         |                  |
| Additional Information:  |                 |                         |                  |
|  |                 |                         |                  |
|  |                 |                         |                  |
| If I do not ca   | ll or return by | on                      | _ then call 911  |
| or local agency #  |                 |                         |                  |
|  |                 |                         |                  |
|  |                 |                         |                  |
|  |                 |                         |                  |