

# Trip Plan

*Complete this form prior to an outdoor adventure. Leave it with a responsible person and contact that person when you get back so that he or she knows you're safe. Your life may depend on it!*

GENERAL TRIP INFO		EQUIPMENT/SUPPLIES TAKEN		
START DATE:	PURPOSE OF TRIP	BACKPACK	WATER	
INTENDED RETURN:	DAY HIKE	FIRESTARTER	FIRST AID KIT	
	OVERNIGHT HIKE	FLASHLIGHT	AVALANCHE BEACON	
NUMBER OF PEOPLE:	1/2 DAY HIKE	WHISTLE	SNOWSHOES	
LEADER'S NAME:	CLIMBING	STOVE	SKIS	
	FISHING	EXTRA CLOTHING	SUN PROTECTION	
OTHER MEMBERS: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	HUNTING	STERILE GAUZE ROLL (1)	AVALANCHE TRANSCIEVER	
	SKIING	TENT(S) (COLOUR):		
	SNOWSHOEING	FOOD (DAYS/PERSON)		
	CANOEING/KAYAKING	RADIO (TYPE/FREQUENCY/CHANNEL)		
	BIKING	SIGNALLING DEVICE:		
	OTHER:	PERSONAL LOCATOR BEACON (PLB#):		
		CELL PHONE (NUMBER):		
		FIREARMS:		
		RV, ATV, BOAT, SNOWMOBILE:		
	<b>ROUTE PLAN A (INTENDED)</b>		<b>ROUTE PLAN B (ALTERNATIVE)</b>	
SPECIFIC AREA:		SPECIFIC AREA:		
INTENDED ROUTE IN:		INTENDED ROUTE IN:		
INTENDED ROUTE OUT:		INTENDED ROUTE OUT:		
DESTINATION:		DESTINATION:		
<b>TRANSPORTATION TO AND FROM THE STARTING POINT</b>		<b>TO BE PICKED UP AT END POINT BY:</b>		<b>ANY ANTICIPATED PROBLEMS?</b>
VEHICLE LICENCE NO:		NAME:		
#1		PHONE:		
#2		DATE:		
#3		TIME:		
MAKE/MODEL:		LOCATION:		
#1		<b>DROPPED OFF BY:</b>		
#2				
#3				
OWNER:		NAME:		
#1		PHONE:		
#2				
#3				
VEHICLE LOCATION(S):				