

# Hiking Plan

Please print this form and fill in appropriate information. Give this form to a responsible person who can provide the information to Search and Rescue in the event you do not complete your trip as scheduled. See the end for large group list.

Name	Age	Address	Telephone Number
Hiker #1			
Hiker #2			
Hiker #3			
Hiker #4			

## Helpful information:

**Originating Trailhead Location:** \_\_\_\_\_  
 \_\_\_\_\_

**Dates of Travel** \_\_\_\_\_

**Return Time and Date** \_\_\_\_\_

**Trail Name:** \_\_\_\_\_

**Final Destination:** \_\_\_\_\_

**If camping, list campsite areas:**    **Night #1** \_\_\_\_\_

**Night #2** \_\_\_\_\_                      **Night #3** \_\_\_\_\_

**Night #4** \_\_\_\_\_                      **Night #5** \_\_\_\_\_

**Have you ever hiked to this destination before** Yes ( ) No ( )

**Vehicle Make and Model** \_\_\_\_\_ **Color** \_\_\_\_\_ **License** \_\_\_\_\_

Please Mark all items that apply to your trip profile (items that you have on your trip)				
Cell Phone	Water	Sleeping Bag	Mountain Bike	Skis
First Aid Kit	Food	Tent	Snow Gear	Snow Shoes
Flashlight	Matches	Hiking Boots	Sunscreen	Other (list)
Map	Jacket	Tennis Shoes	Medicine	

List any medical considerations: \_\_\_\_\_  
\_\_\_\_\_

## Hiking Plan Continued

Hiking Leader \_\_\_\_\_ Address: \_\_\_\_\_ Emergency  
Contact \_\_\_\_\_ Address \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

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Your Cell Phone Number ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

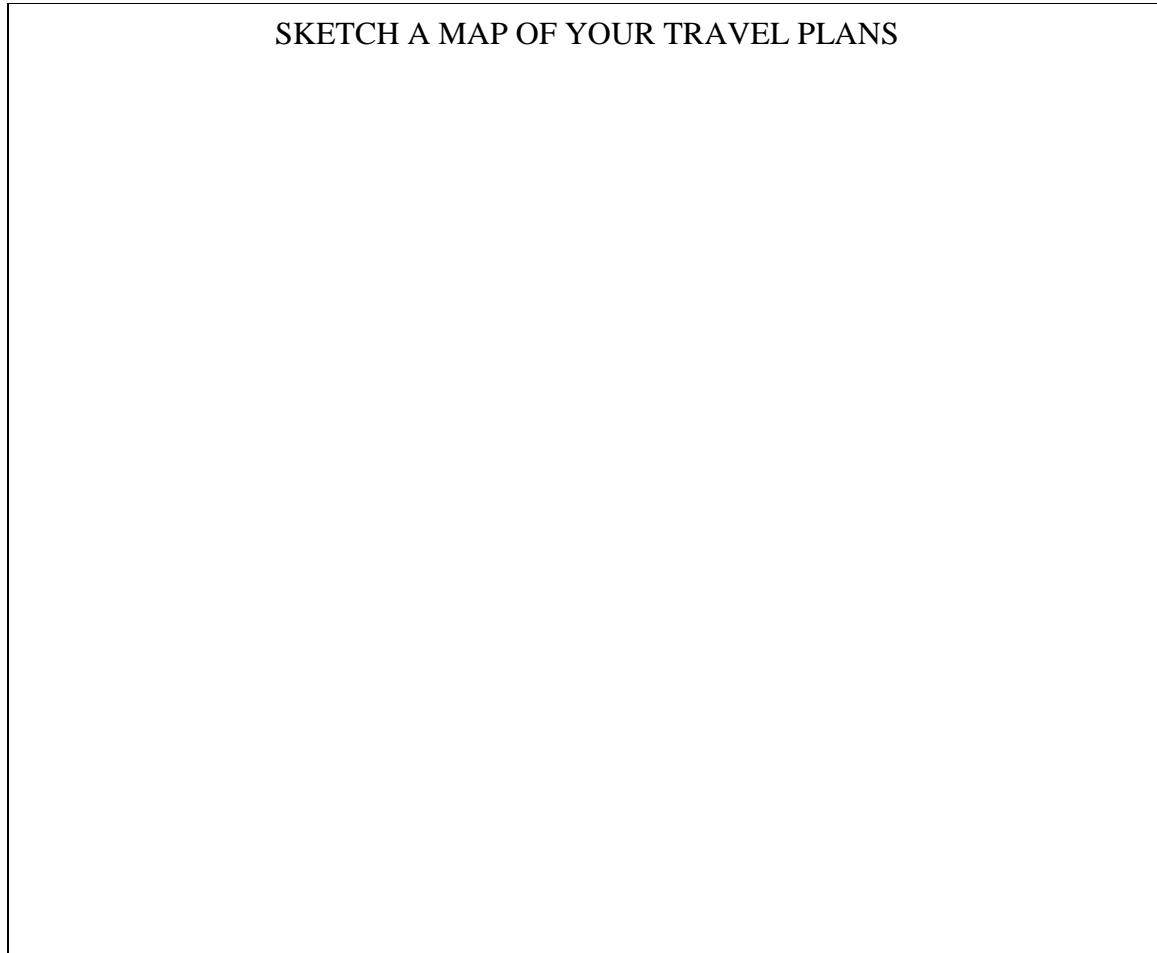
List any Special Skills in group such as medical, guide, ski patrol. \_\_\_\_\_

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SKETCH A MAP OF YOUR TRAVEL PLANS



Name	Age	Address	Telephone Number
Hiker #1			
Hiker #2			
Hiker #3			
Hiker #4			
Hiker #5			
Hiker #6			
Hiker #7			
Hiker #8			
Hiker #9			
Hiker#10			
Hiker #11			
Hiker #12			
Hiker #13			
Hiker #14			
Hiker #15			
Hiker #16			
Hiker #17			
Hiker #18			
Hiker #19			
Hiker #20			
Hiker #21			

Hiker #22			
Hiker #23			
Hiker #24			
Hiker #25			
Hiker #26			
Hiker #27			
Hiker #28			
Hiker #29			