

TRIP PLAN FORM

Print and complete this form prior to an outdoor excursion and leave it with a responsible person. *YOUR LIFE MAY DEPEND ON IT!* In the event that you do not return from your trip as stated in this trip plan, it will be given to police and search and rescue organizers.



START: _____ / _____ / _____
Day of Week Date Month

TRANSPORTATION TO AND FROM THE STARTING POINT

INTENDED RETURN: _____ / _____ / _____
Day of Week Date Month

Vehicle Licence No.: _____

Make/Model: _____ Colour: _____

Owner: _____

OR...

DROPPED OFF AT STARTING POINT BY:

Name: _____ Phone: _____

TO BE PICKED UP AT END POINT BY:

Name: _____ Phone: _____

Time: _____ Date: _____

Location: _____

Other rendezvous points used by the group: _____

PURPOSE OF TRIP:

- | | |
|---|--|
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Day Hike | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Overnight Hike | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Canoeing/Kayaking | <input type="checkbox"/> Snowmobiling |
| <input type="checkbox"/> Mushroom/Berry Picking | <input type="checkbox"/> Mountain Biking |
| <input type="checkbox"/> Other: _____ | |

THE TRIP:

General Area: _____

Specific Area: _____

Starting Point (be specific): _____

Intended Route In (be specific): _____

Intended Route Out (be specific): _____

Destination: _____

Local Landmarks: _____

Map Used: _____

Have you been to the area before? _____

If yes, how many times? _____

EQUIPMENT/SUPPLIES TAKEN:

- | | | |
|--|---|---|
| <input type="checkbox"/> Backpack | <input type="checkbox"/> Water | <input type="checkbox"/> Firestarter |
| <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> Flashlight | <input type="checkbox"/> Whistle |
| <input type="checkbox"/> Snowshoes | <input type="checkbox"/> Skis | <input type="checkbox"/> Extra Clothing |
| <input type="checkbox"/> Stove | <input type="checkbox"/> Sun Protection | |
| <input type="checkbox"/> Tent (colour): _____ | | |
| <input type="checkbox"/> Food (days per person): _____ | | |
| <input type="checkbox"/> Radio (type and frequency): _____ | | |
| <input type="checkbox"/> Signaling device: _____ | | |
| <input type="checkbox"/> Personal Locator Beacon (PLB#): _____ | | |
| <input type="checkbox"/> Cellular Phone No.: _____ | | |
| <input type="checkbox"/> Firearms: _____ | | |
| <input type="checkbox"/> RV, ATV, Boat (description): _____ | | |

Note: Outdoor activities are assumed risk sports. This brochure is intended as a guide, and cannot be expected to replace approved and appropriate courses in outdoor survival, first aid, CPR or emergency procedures. Planning, experience and education are essential for safe, successful wilderness trips.

This form was modified from a trip plan form which is distributed by the B.C. Provincial Emergency Program.



DESCRIPTION OF THIS TRIP'S MEMBERS

Print and complete this form and leave it with a responsible person. *IT MAY SAVE YOUR LIFE!* In the event that you do not return from your trip as stated in this trip plan, it will be given to police and search and rescue organizers.



	Person 1	Person 2	Person 3	Person 4
Last Name				
First Name				
Disability				
Medical Condition				
Prescribed Medication				
Age				
Height				
Weight				
Hair and Skin				
Glasses?				
Family Doctor				
Hat Colour				
Coat Colour				
Shirt				
Sweater				
Pant Colour				
Footwear type				

Personal Preparedness

Survival Training				
Outdoor Experience				
Map/Compass Training				
First Aid Training				
Knowledge of Area				

THE FOLLOWING WILL BE NOTIFIED IF I/WE CHANGE DESTINATION:

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

PLEASE NOTIFY THE POLICE IF I/WE DO NOT RETURN BY:

Date: _____ Time: _____

Print Name: _____

Signature: _____ Date: _____