

Trip Plan

Trip Type: _____

Destination/Region: _____

Duration: _____

Estimated Departure Time and Date: _____

Estimated Return Time and Date: _____

Group Leaders

Name	Experience with Trip	Emergency Contact	
		Name	Phone Number

Group Members (including leaders)

Name	Allergies/Medical Conditions	Medications

Transportation to Departure Point (for vehicles, include model, colour, licence plate number, and location of spare key): _____

Place of Departure: _____

Place of Return: _____

Environmental Factors: _____

Navigation Aids (maps, GPS, etc.): _____

Communication Aids: _____

Emergency Supplies: _____

Route Plan (include latitude/longitude, grid reference, features, location names, and estimated travel times):

Emergency Exit Points: _____

Amount of Extra Fuel and Food: _____

Possible Alternative Plan: _____

Trip Essentials

- | | | |
|---|--|--|
| <input type="checkbox"/> A multi-tool with a knife with a locking blade, saw, screwdriver, and tweezers | <input type="checkbox"/> Sun protection | <input type="checkbox"/> A headlamp or flashlight (plus spare batteries) |
| <input type="checkbox"/> A lighter and fire starters | <input type="checkbox"/> A complete, unexpired first aid kit | <input type="checkbox"/> A foil blanket and rope that can be attached to each corner to create a shelter |
| <input type="checkbox"/> A whistle that will work well in cold and wet conditions | <input type="checkbox"/> Emergency food and water | |
| <input type="checkbox"/> A quality compass, GPS, and map | <input type="checkbox"/> Clothing that protects you against the elements | |