

Outdoor Trip Itinerary

(Fill this out and leave this with a reliable friend **not** going on your trip)

Trail to be hiked, mountain to be climbed, etc. _____

Route to be taken _____

Possible alternate route, or return route if different from approach / ascent

Parking / trailhead location _____

Vehicle description _____ License plate # _____

Planned departure from trailhead at _____ am/pm on _____ (date)

Planned return to trailhead _____ am/pm on _____ (date)

If overnight trip, planned location of camps

Night 1 _____ Night 2 _____

Emergency contact equipment, if any ___ cell phone ___ locator beacon ___ ham radio
___ 2 way radio other (describe) _____

For each member of the party (use back side of page if more than 4 people):

Name

Name and phone of emergency contact person

1) _____

2) _____

3) _____

4) _____

Contact the Sheriff's office of _____ County if we have not

returned or checked in by _____ am / pm on _____ (date). Call

_____ (phone #) for the Sheriff's office, or dial 911 and ask for the

dispatch officer for the above county.