

Trip Plan for a: Hike Cycling Trek Canoe Float Other _____

When:

Departure Date: _____ Return Date: _____

Departure Time: _____ Return Time: _____

Est. Time at Destination: _____

Where:

Departing from: _____ Returning to: _____

Route Description: *(for Trips over 5 miles, attach a map with intended route)*

Estimated Distance: _____

Who: List the names of all members of the trip on the back page.

Why: Indicate the purpose of the trip: _____

Equipment Check:

- | | |
|--|---|
| <input type="checkbox"/> Appropriate clothing | <input type="checkbox"/> Appropriate Footwear |
| <input type="checkbox"/> Water | <input type="checkbox"/> Trail Food |
| <input type="checkbox"/> Pocketknife | <input type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Rain Gear |
| <input type="checkbox"/> Matches/Firestarters | <input type="checkbox"/> Map & Compass |
| <input type="checkbox"/> Rope/Parachute cord | <input type="checkbox"/> GPS Device |
| <input type="checkbox"/> Required Permit(s) | <input type="checkbox"/> Sun Protection |
| <input type="checkbox"/> Appropriate Safety Equipment: _____ | |

Other Equipment Needed: _____

Source(s) of drinking water: _____

Notes: _____

Signed: _____

Hike Leader

A copy of this Trip Plan has been left with _____
(Keep one copy with the group and one must be left with adult leader, area Ranger & also at the Trailhead.)