

WILDERNESS TRIP PLAN FORM

Complete this form prior to **your** outdoor trip/adventure and leave it with a responsible person. **MAKE SURE TO CONTACT THEM WHEN YOU RETURN!** It will be **their** responsibility to inform law enforcement so **they** may initiate Search and Rescue procedures if **you** become overdue. Information **you** provide will be critical in **your** rescue.
Your life may depend on it!

v012213

Trip Start and Return Info (Use Person #1's HomeTimezone in form)

Start Date: / /	Time: : AM PM
Return Date: / /	Time: : AM PM

Transportation To and From Your Starting Point

Vehicle License Number:	
Vehicle Make:	Model:
Color:	Parked At:

Dropped Off at Starting Point By

Name:
Phone Number: - -

To Be Picked Up At The End Point By

Name:	
Phone Number: - -	
Date: / /	: AM PM
At This Location:	

Trip Details

General Area:
Exact Area:
Intended Route In:
Intended Route Out:
Planned Destination:
Maps Used:
Have You Been In The Area Before: YES NO

Emergency Third-Party Contact Information

Name:
Relationship:
Phone Number: - -

Responsible Person's Responsibility

If party has not returned to the location noted below,
LOCATION:
BY: : O'Clock AM PM ON...
DATE: / /
CALL 911 AND REPORT THEM OVERDUE.

Purpose Of Trip (circle all that apply)

Hunting	Day Hike	Overnight Hike	Canoeing
Kayaking	Mushroom Picking	Berry Picking	Fishing
Fly Fishing	ATV Riding	Photography	Snowshoeing
Snowmobiling	Cross Country Skiing	Snowboarding	Boating
Floating	Climbing	Other:	

Equipment and Supplies Taken (circle all that apply)

Shelter	Bear Spray	Rainwear	Extra Clothing
Water	Water Filter System	Matches	Lighter
Firesteel Firestarter	Multi Tool	Knife / Axe	Saw
Whistle	Signal Mirror	Cell Phone	2 Way Radio
Marine VHF Radio	Strobe Light	Map of Area	Compass
GPS Unit	Headlamp or Flashlight	Extra Batteries	First Aid Kit
Stove/Cooking System	Backpack	Food	Sun Protection
Avalanche Transceiver	Snowshoes	Skis	Firearm
Personal Survival Kit	Bear Canister	Satellite Phone	Extra Vehicle Fuel
Pulk	Flares	Other:	

Complete Page 2 of 3

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Information

Sat Phone Number: - -

Tent/Shelter Type & Color:

Firearm(s):

Radio Type & Frequency:

Cell Phone Number Monitored: - -

Radio Channel(s) Monitored:

Are you Carrying: **PLB EPIRB SPOT Other:**

Do all party members have quality rainwear & warm clothes?: **YES NO**

If boating do all party members have personal flotation devices?: **YES NO**

Describe Transportation:
 (Foot, ATV, Snowmobile, RV, 4x4, Boat, Kayak, Canoe, Raft, etc.)

Additional Information (Fuel Supply, Guide Company Info, Alternate Itinerary, Risk Management Considerations, Survival Training, Pets Taken Name Description, Laser Flare Color, etc.)

(List additional information on separate sheet if necessary.)

DISCLAIMER: Outdoor activities are assumed risk sports. This form is intended as a guide only and cannot be expected to replace approved and appropriate courses in wilderness/outdoor survival, first-aid and emergency procedures. Planning, experience and education are essential for safe wilderness/outdoor travel.

Traveling in the wilderness and in cold/hot conditions can be life threatening. Use safety, common and reasonable sense at all times when building any fire. Always follow the laws, rules and regulations in your area when it comes to constructing and using fires.

When venturing into the wilderness or into cold/hot conditions it is your responsibility to learn the latest information and be prepared. Advantage Survival, the author of this form and it's websites assume no liability for any group or individual's use and/or reliance upon information, products and material contained or referenced on it's websites or herein.

Air Taxi or Shuttle Service

Service:

Phone Number: - -

From:

To:

The Following Person Will Be Notified If I/We Change Destinations

Name:

Cell Number: - -

Home Number: - -

Work Number: - -

Proposed Check-In Times & Schedule

Time:	:	AM PM
Time:	:	AM PM
Time:	:	AM PM

Descriptions Of Trip Members

Person #1 "Group Leader" (Person Filling Out This Form)

First Name:

Last Name:

Age: **MALE FEMALE** Traveling Solo?: **YES NO**

Height: Weight:

Hair Color: Skin Color:

Hat Color: Coat Color:

Pant Color: Footwear Type:

Glasses: Disabilities:

Prescription Meds?:

Physical Condition: **EXCELLENT GOOD FAIR POOR**

Medical Condition:

Number Of Days Food Carried: **1 2 3 4 5** _____

(Add trip members & info on next page. 3 of 3)

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Descriptions Of Trip Members

Person # _____ (Add Person #)	
First Name:	
Last Name:	
Age:	MALE FEMALE
Height:	Weight:
Hair Color:	Skin Color:
Hat Color:	Coat Color:
Pant Color:	Footwear Type:
Glasses:	Disabilities:
Prescription Meds?:	
Physical Condition: EXCELLENT GOOD FAIR POOR	
Medical Condition:	
Number Of Days Food Carried: 1 2 3 4 5 _____	

Descriptions Of Trip Members

Person # _____ (Add Person #)	
First Name:	
Last Name:	
Age:	MALE FEMALE
Height:	Weight:
Hair Color:	Skin Color:
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Glasses:	Disabilities:
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Glasses:	Disabilities:
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Physical Condition: EXCELLENT GOOD FAIR POOR	
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Number Of Days Food Carried: 1 2 3 4 5 _____	

(List additional trip members and info on separate sheet if needed.)