

## **Hike Itinerary Form**

•		call search and rescu	•		
Be prepared to p	rovide sear	ch and rescue with A	ALL of the informa	tion in this trip plan.	
Time of departure	·				
Expected time of r	eturn:				
Activity type (ex. h	niking or sno	wshoeing):			
Participant	Age	Medical issues		Level of outdoors experience	
Trailhead name: _	•		County:		
Planned trails & ro	ute:				
Date	Ca	Camping location		Site	
Backup plan:					
backup plan.					
Participant		Boot size & type Tent co		Outerwear color	
Farticipan	L .	Doot size & type	Tent color	Outerwear color	
Vehicle make:		Model:		Color:	
License plate:					
Additional trip not					