

Hike Itinerary Form

(month)	prepared	, cal	I search and ree search and r	escue	at 911 and i		
Time of Departure:			Exp	Expected Time of Return:			
Activity Type	(ex. hiking	g or snowsh	oeing):				
Participant A		Age	Medical Issues		Level of outdoors experience		
Trailhead Name: County:							
Planned Trail	s and Rou	te:					
Date C		Camping I	amping Location			Site	
Backup Plan:							
Participant		Boot	Boot Size & Type		nt Color	Outerwear color	
Vehicle Make: Model: Color: License Plate:							
Additional Tr	in Notes:						