

## Hike Itinerary Form

(month)	prepa	,	ne by (time) call search and r vide search and l	escue a	at 911 and		
Time of Depa		Ex <sub>]</sub>	Expected Time of Return:				
Activity Type	(ex. hil	ting or snov	wshoeing):				
Participant		Age	Medica	Medical Issues		Level of outdoors experience	
Trailhead Name: County:							
Planned Trail	ls and R	oute:					
Date	Camping Lo		ng Location	Location		Site	
n l ni							
Backup Plan:							
Participant		Во	Boot Size & Type		it Color	Outerwear color	
Vehicle Make	:	Mode	l:Color	:	Licen	se Plate:	
Additional Tr	ip Note	S:					