Search and Rescue – Hiking Plan

Please PRINT out this form and fill in the appropriate information. Give this form to a responsible person who will provide this information to Law Enforcement / Search and Rescue, in the event you do not complete your trip as scheduled. Please enter the Hiking / Camping Group Leader in the #1 row. Use the back of this form for additional hikers, campsites, and vehicles.

	Name of Hiker	Age	Address	Phone #	Known Medical Issues
1					
2					
3					
4					
5					
6					
Hik	ing Plan Details:				
Sta	rting Trailhead / Entrance	Name:			
Sta	rt Date of Trip:		Return Date and Time:		
Enc	ling Trailhead / Exit Name	e:			
Vel	nicle Information (if left a	at star	t or end point)		
Lic	ense Plate:S	State: _			
Vehicle Year: Make:			Model:	Colo	r:
Uni	que Vehicle Features				

Hiking Pla	an Continue	d:						
Trip Lead	er:		Home Phone:					
Home Ado	dress:		Cell Phone:					
Emergenc	y Contact: _		Phone:					
Address: _			Cell Phone:					
	-	your planned campsites	and dates:					
Date	Camp Na	Camp Name / Location		Camp Name / Location				
Please ma	rk all of the	supplies you are taking	on your hike	::				
Ham Radio:		Phone:	GPS:		Dog:			
Water Qty:		Food (Days):]	Knife / Multi-Tool:				
Signaling	Device:	Paper Ma	np:		Compass:			
First Aid I	Kit:	Flashlight:	Pac	ek:	Fire:			
Hiking Boots:		Tent:	Sleeping Bag					
Trekking Poles:		Snow / Sun Gear:		Ja	cket:			
*** Follo	ws Wildern	ess Protocol: TX & Mon	nitors 146.52	0 FM eve	ry 3 hours for 5 minut	es		
starting at	t 0700 local	time. *** Track via AP	PRS.fi as		(Call S	ign)		

