

Trip Plan

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PURPOSE

We are planning an outdoor excursion and have left this plan with a responsible person. In the event that we do not return from our trip as stated in this trip plan, it will be given to police and search and rescue organizers.

GENERAL INFORMATION

START DATE

RETURN DATE

ACTIVITIES

Hiking	Mountain Biking / Cycling
Camping	Skiing / Snowboarding
Paddleboarding	Snowshoeing
Kayaking	Rock / Ice Climbing

TRANSPORTATION (IF LEFT ON-SITE)

VEHICLE LICENCE PLATE NUMBER

MAKE / MODEL

COLOUR

OWNER

TRIP DETAILS

GENERAL AREA

SPECIFIC AREA

SPECIFIC STARTING AND ENDING POINT(S)

SPECIFIC INTENDED ROUTE IN AND OUT

DESTINATION / OVERNIGHT LOCATION(S) (IF APPLICABLE)

EQUIPMENT / SUPPLIES TAKEN

10 ESSENTIALS

- 1 Navigation (topographic map, compass, GPS)
- 2 Nutrition (emergency energy bar(s), extra day of food per person)
- 3 Hydration (water, purification tablets / filter)
- 4 Sun Protection (sunscreen, buff/sunhat, sunglasses)
- 5 Insulation (waterproof jacket, thermal jacket, toque, gloves)
- 6 Illumination (headlamp / flashlight)
- 7 Communication (cell phone, sat phone, Recco, mirror, whistle)
- 8 First Aid (first aid kit)
- 9 Fire Starter (waterproof matches, lighter, knife & ferro rod)
- 10 Shelter (emergency blanket / bivy bag, tarp, tent)

EXTRA FOOD SUPPLIES (DESCRIBE)

DESCRIPTION OF TRIP MEMBERS

	PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5
FIRST NAME					
LAST NAME					
DISABILITY					
MEDICAL CONDITION					
PRESCRIBED MEDS					
AGE					
HEIGHT / WEIGHT					
HAIR / SKIN COLOUR					
TENT COLOUR					
JACKET COLOUR(S)					
FOOTWEAR TYPE					
CELL PHONE NUMBER					

PERSONAL PREPAREDNESS OF TRIP MEMBERS

	PERSON 1			PERSON 2			PERSON 3			PERSON 4			PERSON 5		
WILDERNESS EXP	Strong	Fair	None	Strong	Fair	None	Strong	Fair	None	Strong	Fair	None	Strong	Fair	None
FIRST AID	Yes	Expired	None	Yes	Expired	None	Yes	Expired	None	Yes	Expired	None	Yes	Expired	None
KNOWLEDGE OF AREA	Strong	Fair	None	Strong	Fair	None	Strong	Fair	None	Strong	Fair	None	Strong	Fair	None

PLEASE NOTIFY THE POLICE IF I/WE DO NOT RETURN BY

DATE

TIME

RESPONSIBLE PERSON WITH WHOM I/WE LEFT THIS PLAN

FULL NAME