



# ***Bushcraft Education, Professional Guiding And Wilderness Immersion Programs Since 1999***

## **Trip Planning and Safety Management Form**

**Trip Type and General Location:**

**Specific Location:**

**Trip Leader:**

**Start Date:**

**Intended Return Date:**

**Number in Party:**

**Names/Ages of Trip Members: (See Attached #1)**

**Vehicle Make/Model:**

**Color:**

**Plate Number:**

**Nearest Towns**

Name:

Name:

Directions:

Directions:

Police Dept. Phone Number:

Police Dept. Phone Number:

**Nearest Phone**

Location:

**Nearest Hospital**

Name:

Directions:

Phone:

**Emergency Phone Numbers**

State Police:

**Emergency Contact Person**

Name:

Warden Service:

Phone:

Ranger Dispatch:

Address:

Land Management Agency Office:

Email:

Other(Specify):

**Itinerary**

Proposed Itinerary: See Attached #2

**Other Help Along the Route:**

Evacuation Routes: See Attached #3

**Please Notify The Police If We Do Not Return By:**

Date:

Time:

Name:

Signature:

*Fill out three of these forms. Carry one with you, leave one in your vehicle, and leave one with the emergency contact person.*