



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.