



OUTDOOR ACTIVITY PLAN

Complete this document and leave a copy with a responsible person.

Ver 1.1

<http://www.sml.co.za/>

Number to call if we are overdue: _____

START				PARTICIPANTS		
Day of week	Date	Time		NAME	AGE / GENDER	CONTACT PERSON & PHONE
INTENDED END				1 _____	_____	_____
PURPOSE				2 _____	_____	_____
<input type="checkbox"/> Hike (1 day or less) <input type="checkbox"/> Climbing <input type="checkbox"/> Overnight Hike <input type="checkbox"/> Kayaking / Rafting <input type="checkbox"/> Horse trail <input type="checkbox"/> Mountain biking <input type="checkbox"/> Other: _____				3 _____	_____	_____
ROUTE PLAN A						
STARTINGPLACE				4 _____	_____	_____
INTENDED ROUTE IN AND OUT WITH OVERNIGHT SPOTS WHERE APPLICABLE (BE SPECIFIC)				5 _____	_____	_____
Route done before ? Yes <input type="checkbox"/> No <input type="checkbox"/>				6 _____	_____	_____
DESTINATION				7 _____	_____	_____
8 _____				_____	_____	_____
ALTERNATE / ESCAPE ROUTE				EQUIPMENT		HAVE YOU CONSIDERED...?
INTENDED ROUTE IN AND OUT WITH OVERNIGHT SPOTS WHERE APPLICABLE (BE SPECIFIC)				<input type="checkbox"/> Backpack <input type="checkbox"/> Sleeping bag <input type="checkbox"/> Map <input type="checkbox"/> Tent: Colour(s) _____ <input type="checkbox"/> Sun hat and sun block <input type="checkbox"/> Water <input type="checkbox"/> Food for _____ days <input type="checkbox"/> Matches or lighter <input type="checkbox"/> Stove and pot(s) <input type="checkbox"/> Torch and spare batteries <input type="checkbox"/> Emergency kit (whistle, mirror, day-glo panel) <input type="checkbox"/> First aid kit <input type="checkbox"/> Leader's cell phone no: _____		<input type="checkbox"/> Torch & Batteries <input type="checkbox"/> Fire-making kit (lighter + candle) <input type="checkbox"/> Signaling (mirror, whistle, phone) <input type="checkbox"/> Snacks and water (>1 litre/person) <input type="checkbox"/> Clothing for weather (wet, cold, hot) <input type="checkbox"/> Navigation (map, compass, GPS) <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Pocket knife <input type="checkbox"/> Sun protection
Route done before ? Yes <input type="checkbox"/> No <input type="checkbox"/>						
DESTINATION						
TRANSPORT DETAIL						
CAR MAKE REGISTRATION, COLOUR AND WHERE PARKED; OR NAME AND PHONE NO OF THE PERSON TRANSPORTING YOU				Notes:		
_____				_____		
_____				_____		
_____				_____		