

NB! NB! NB! WE NEED THIS INFORMATION TO FIND YOU IF YOU DON'T COME BACK. PLEASE HELP US BY COMPLETING IT PROPERLY.

DO YOU HAVE.... (CIRCLE)	MAP OF THE AREA / YOUR ROUTE?	COMPASS?	GPS ? (NOT PHONE)	HIKING STOVE	FIRST AID KIT	FOOD FOR HOW MANY DAYS?	
	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	_____	

HAS ANY MEMBER OF THE GROUP DONE THIS ROUTE BEFORE? YES / NO HOW MANY OF YOU? _____ LEADER'S PHONE NO: _____

ROUTE DESCRIPTION:

MARK OVERNIGHT CAMPS WITH ©

START DATE _____/_____/_____ AND TIME ____:____ EXPECTED RETURN DATE _____/_____/_____ AND TIME ____:____

VEHICLE: REGISTRATION _____

MAKE & MODEL _____

COLOUR _____

No	Name & Surname	Age	Sex	Rain Gear?	Colour of		Next of Kin / Emergency Contact		Medical Conditions
					Backpack	Tent	Name	Phone	
1	(Leader)		M / F	Y / N					
2			M / F	Y / N					
3			M / F	Y / N					
4			M / F	Y / N					
5			M / F	Y / N					
6			M / F	Y / N					
7			M / F	Y / N					
8			M / F	Y / N					
9			M / F	Y / N					
10			M / F	Y / N					
11			M / F	Y / N					
12			M / F	Y / N					

SIGN OUT WHEN YOU RETURN: _____ DATE _____/_____/_____ AND TIME: ____/____