

Help us find you in case of an emergency!

Name of Hiker	Age	Address	Phone Number

Departure Date _____

Departure Time _____

Return Date _____

Return Time _____

Where are you going?

Starting Point _____

Destination _____

Intended Travel Route _____

Alternate Plans _____

Level of experience: ___ Expert ___ Intermediate ___ Novice

How often do you hike each month: ___ 5+ ___ 4 ___ 3 ___ 2 ___ 1

Do you have: ___ water (1qt/hour) ___ food ___ map and compass

___ flashlight ___ matches ___ whistle

___ knife ___ extra clothes ___ cell phone

Medical Conditions: _____

If an emergency develops, call 911