

Basic 1 Day Trip Plan

Leave this trip plan with someone responsible. If you do not return at the prearranged time that person may phone 911.

Today's date Should be back by Number of people in the group

Vehicle type/colour/licence #

Destination and route (attach map):

Trip Members

Name	M-F	Age	Name	M-F	Age
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Outdoor experience

Outdoor experience

Clothing:	Jacket	Pants
Footwear	colour	colour

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Footwear	colour	colour

Has the following gear:

<input type="checkbox"/> Personal first aid	<input type="checkbox"/> Fire starter
<input type="checkbox"/> Shelter/tarp	<input type="checkbox"/> Whistle
<input type="checkbox"/> Food	<input type="checkbox"/> Water
<input type="checkbox"/> Map/compass	

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