OUTDOOR ITINERARY FORM



If you have not hear Missing Hiker Prote informed decisions	ocol (https://bit.ly	//missingoutdoo	rist). This				
Time of departure:_		Expected	I time of re	turn:			
Activity type (eg. ru	nning, skiing):						
Trip Leader:	Pł	Phone Number:					
Name:	Phone Number:						
Age: Addı	ress:						
Known Medical Issue	es:						
HIKING PLAN D	ETAILS						
Starting Trailhead: _							
Planned Route							
Date	Camping Location			Site			
				AND			
VEHICLE INFOR	RMATION (IF D	RIVING)					
Vehicle Make:		Mod	lel:			9	
Color:	Year:	Lic	ense Plate	#:			
Please mark all	supplies you a	re taking on	your hik	e:	113	est	
Phone: GPS: _	SPOT/PLB: _	Food:	_ Water: _	Jacket: _	Pac	:k:	
Map/Compass:	_ Hiking Boots:	First Aid:	Flashli	ght:			
Trekking Poles:	Snow Gear:	Additional Gea	ar:	uthern Co	il di		