

# TRIP PLAN FORM

Print and complete this form prior to an outdoor excursion and leave it with a responsible person. YOUR LIFE MAY DEPEND ON IT! In the event that you do not return from your trip as stated in this trip plan, it will be given to law enforcement and search and rescue organizers.



**Start:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day of Week Date Month

**Intended Return:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day of Week Date Month

## PURPOSE OF TRIP:

- |   |  |
|---|--|
| <input type="checkbox"/> Hunting                | <input type="checkbox"/> Fishing         |
| <input type="checkbox"/> Day Hike               | <input type="checkbox"/> Skiing          |
| <input type="checkbox"/> Overnight Hike         | <input type="checkbox"/> Snowboarding    |
| <input type="checkbox"/> Canoeing/Kayaking      | <input type="checkbox"/> Snowmobiling    |
| <input type="checkbox"/> Mushroom/Berry Picking | <input type="checkbox"/> Mountain Biking |
| <input type="checkbox"/> Other: _____           |  |

## THE TRIP:

General Area: \_\_\_\_\_

Specific Area: \_\_\_\_\_

Starting Point (be specific): \_\_\_\_\_

\_\_\_\_\_

Intended Route In (be specific): \_\_\_\_\_

\_\_\_\_\_

Intended Route Out (be specific): \_\_\_\_\_

\_\_\_\_\_

Destination: \_\_\_\_\_

Local Landmarks: \_\_\_\_\_

Map Used: \_\_\_\_\_

Have you been to the area before? \_\_\_\_\_

If yes, how many times? \_\_\_\_\_

## TRANSPORTATION TO AND FROM THE STARTING POINT

Vehicle License: \_\_\_\_\_

Make Model: \_\_\_\_\_ Color: \_\_\_\_\_

Owner: \_\_\_\_\_

OR...

### DROPPED OFF AT STARTING POINT BY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### TO BE PICKED UP AT END POINT BY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Other rendezvous points used by the group: \_\_\_\_\_

\_\_\_\_\_

### EQUIPMENT/SUPPLIES TAKEN:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Backpack                             | <input type="checkbox"/> Water          | <input type="checkbox"/> Firestarter    |
| <input type="checkbox"/> First Aid Kit                        | <input type="checkbox"/> Flashlight     | <input type="checkbox"/> Whistle        |
| <input type="checkbox"/> Snowshoes                            | <input type="checkbox"/> Skis           | <input type="checkbox"/> Extra Clothing |
| <input type="checkbox"/> Stove                                | <input type="checkbox"/> Sun Protection |   |
| <input type="checkbox"/> Tent (color): _____                  |   |   |
| <input type="checkbox"/> Food (days per person): _____        |   |   |
| <input type="checkbox"/> Radio (type and frequency): _____    |   |   |
| <input type="checkbox"/> Signaling device: _____              |   |   |
| <input type="checkbox"/> Personal Locator Beacon (PLB#) _____ |   |   |
| <input type="checkbox"/> Cell Phone No: _____                 |   |   |
| <input type="checkbox"/> Firearms: _____                      |   |   |
| <input type="checkbox"/> RV, ATV, Boat (description): _____   |   |   |

Douglas County Sheriff's Office  
For Emergencies dial: 911  
24 Hour Non-Emergency Line: 541-440-4471  
Search and Rescue: 541-440-4448

# DESCRIPTION OF THIS TRIP'S MEMBERS

Print and complete this form prior to an outdoor excursion and leave it with a responsible person. YOUR LIFE MAY DEPEND ON IT! In the event that you do not return from your trip as stated in this trip plan, it will be given to law enforcement and search and rescue organizers.



	Person 1	Person 2	Person 3	Person 4
Last Name				
First Name				
Disability				
Prescribed Medication				
Age				
Height				
Weight				
Hair and Skin				
Glasses?				
Family Doctor				
Hat Color				
Coat Color				
Shirt				
Sweater				
Pant Color				
Footwear Type				

## PERSONAL PREPAREDNESS

Survival Training				
Outdoor Experience				
Map/Compass Training				
First Aid Training				
Knowledge of Area				

## THE FOLLOWING WILL BE NOTIFIED IF I/WE CHANGE DESTINATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

PLEASE NOTIFY THE POLICE IF I/WE DO NOT RETURN BY: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_