

Outdoor Adventures

OUTDOOR TRIPS LOGISTIC PLAN



TYPE OF TRIP _____ DATES _____

LOCATION _____

DRIVING TIME _____

DRIVING ROUTE _____

LOCATION OF VEHICLES _____

ENTRY POINT _____ EXIT POINT _____

LEADERS _____

LOCAL HOSPITAL _____ PHONE NUMBER _____

DIRECTIONS _____ (ATTACHED)

GROUP CELL _____ INSTRUCTOR CELL _____

LAND MANAGEMENT EMERGENCY NUMBERS _____

CLOSEST LAND PHONE TO TRAILHEAD (DIRECTIONS & NUMBER IF POSSIBLE) _____

SAFETY ISSUES

ENVIRONMENTAL & ACTIVITY HAZARDS: _____

EQUIPMENT & PEOPLE HAZARDS: _____

STEPS TO MINIMIZE POTENTIAL HAZARDS: _____

ADDITIONAL IMPORTANT INFORMATION: _____

DAY 1 DATE: _____

PLANNED ACTIVITY _____

PLANNED ROUTE _____

MILEAGE _____ ELEVATION GAIN _____ ELEVATION LOSS _____ TRAVEL TIME _____

WATER LOCATIONS _____

PLANNED CAMP _____

EMERGENCY ACCESS _____

DAY 2 DATE: _____

PLANNED ACTIVITY _____

PLANNED ROUTE _____

MILEAGE _____ ELEVATION GAIN _____ ELEVATION LOSS _____ TRAVEL TIME _____

WATER LOCATIONS _____

PLANNED CAMP _____

EMERGENCY ACCESS _____

DAY 3 DATE: _____

PLANNED ACTIVITY _____

PLANNED ROUTE _____

MILEAGE _____ ELEVATION GAIN _____ ELEVATION LOSS _____ TRAVEL TIME _____

WATER LOCATIONS _____

PLANNED CAMP _____

EMERGENCY ACCESS _____

DAY 4 DATE: _____

PLANNED ACTIVITY _____

PLANNED ROUTE _____

MILEAGE _____ ELEVATION GAIN _____ ELEVATION LOSS _____ TRAVEL TIME _____

WATER LOCATIONS _____

PLANNED CAMP _____

EMERGENCY ACCESS _____

*** (PLEASE ATTACH ADDITIONAL ROUTE INFORMATION, MAP, DRIVING DIRECTIONS, COPY OF TRAIL MAP) ***

SUBMITTED BY: _____ DATE: _____