

ALICE'S AWESOME ADVENTURES TRIP PLAN

If we do not report in by _____ AM/PM on (date) _____ call this emergency search agency _____ at (_____) _____ - _____ after checking start and finish sites. Please report us missing or at least overdue and provide the following information about our group!

Guide/Leader>	Name		Age	Health Issues		Other
	Client # 1	Client #2	Client #3	Client #4	Client #5	Client #6
Client Name						
Age & Gender						
Shoe/Boot Tred & Size						
Pack Color						
Clothes colors						
Skill Level						
Medical Info						
Other						

Start Site _____ **Start date and time** _____

Finish Site _____ **Proposed date & est. time** _____

Vehicle # 1 (Yr., Model, Color, License #) _____

Vehicle #2 (Yr., Model, Color, License #) _____

Where are they parked?
Shuttle information????

Nearest Hospital: _____ in _____ phone _____
EMS contact number: _____

We brought this equipment with us and left a trip plan in our vehicle!

	SIGNALLING DEVICES		COMMUNICATIONS & SAFETY
	Hand Held Flares		Walkie Talkie Radio – Call Sign
	Aerial Flares		Cell Phone - # (____) _____ -
	Smoke		Satellite Phone #
	Strobe		Hours that phone would be monitored
	Flashlights or headlights		First Aid Kit
	Chemical light sticks		Emergency Supply Kit (food, warmth, shelter)
	Whistle		Extra water
	Signal Mirror		Repair Kit
	Markers		Extra snacks
	Fire Starting Materials		Extra Clothing
	Color of flagging tape if used		Tarp/Tent (s) and Colors

Proposed Routes, Campsites, and all route alternatives (use back as necessary) Delorme Gazetteer page: _____ State: _____.