

Hiking Plan



Print and give this completed form to a responsible person who will contact 911 in the event you do not complete your trip as scheduled. Also leave a completed copy in your vehicle. Provide any additional names and any other important info on the back of this form.

Party Details:

Name	Age	Phone	Medical Conditions
(Leader) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trip Details:

Please use the back of this form to sketch a map of your travel plans and direction of travel

Starting Trail Head/Location: _____ Ending Trail Head/Location: _____
Start time/date: _____ End time/date: _____

Describe your plans in the space below. If needed, continue on back. Also list what supplies and equipment you have with you.

Overnight Campsite Locations (if applicable):

Location: _____ Dates: _____
Location: _____ Dates: _____
Location: _____ Dates: _____
Location: _____ Dates: _____

Vehicle Information:

Year: _____ Make: _____ Model: _____ Color: _____
License Plate #: _____ Parked at: _____

Emergency Contact:

Name: _____ Relationship: _____
Phone: _____ Email: _____
Address: _____

Central Arizona Mountain Rescue Association
www.mountainrescue.org

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