**PERSONAL INFORMATION**

**Participant:** **Name**

**Phone:** (555) 555-5555

**Home address:** 555 N. Southwest Rd.

Someplace, FL 55555

**Emergency contact:** Name **Phone:** (555) 555-5555

**Medical conditions:** List

**Allergies:** List

**Experience level:** Describe experience level to aid rescue personnel in the event of an emergency

**Participant:** **Name**

**Phone:** (555) 555-5555

**Home address:** 555 N. Southwest Rd.

Someplace, FL 55555

**Emergency contact:** Name **Phone:** (555) 555-5555

**Medical conditions:** List

**Allergies:** List

**Experience level:** Describe experience level to aid rescue personnel in the event of an emergency

**Participant:** **Name**

**Phone:** (555) 555-5555

**Home address:** 555 N. Southwest Rd.

Someplace, FL 55555

**Emergency contact:** Name **Phone:** (555) 555-5555

**Medical conditions:** List

**Allergies:** List

**Experience level:** Describe experience level to aid rescue personnel in the event of an emergency

**Participant:** **Name**

**Phone:** (555) 555-5555

**Home address:** 555 N. Southwest Rd.

Someplace, FL 55555

**Emergency contact:** Name **Phone:** (555) 555-5555

**Medical conditions:** List

**Allergies:** List

**Experience level:** Describe experience level to aid rescue personnel in the event of an emergency

**TRIP INFORMATION**

**Location:** DESTINATION NAME

**Address:** ADDRESS OF DESTINATION (I.E. HEADQUARTERS ADDRESS)

**Travel information:** Travel information, make, model, and plate number of vehicle

**DESIGNATED CONTACT FOR CHANGE IN PLANS**

*In the event of a change in plans (i.e. change in return date/time, change in location, change itinerary, etc.), the trip leader will contact the following person:*

**Name:** Name

**Phone:** (555) 555-5555

**Address:** Address

**DEPARTURE & RETURN INFORMATION**

**Departure date:**

**Departure time:**

**Return date (earliest):**

**Return time (earliest):**

**Return date (latest)\*:**

**Return time (latest)\*:**

**\**If party does not return by latest return date and time listed above, and has not contacted designated person for change in plans, please notify local police and park security listed below.***

**EMERGENCY CONTACT INFORMATION**

**Local Police:** Phone number of local police

**Park Security:** Phone number of park rangers/ 24hr park emergency line

**Other:** 24hr park emergency line/ other local resources (e.g. Search & Rescue)

**ITINERARY**

Day 1: DATE

TITLE (I.E. “LEAVING HOME FOR \_\_\_\_\_\_\_ NAT PARK”)

MILEAGE & ESTIMATED TIME TRAVELLING

WHERE STAYING THIS NIGHT

Day 2: DATE

TITLE (I.E. “LEAVING HOME FOR \_\_\_\_\_\_\_ NAT PARK”)

MILEAGE & ESTIMATED TIME TRAVELLING

WHERE STAYING THIS NIGHT

Day 3: DATE

TITLE (I.E. “LEAVING HOME FOR \_\_\_\_\_\_\_ NAT PARK”)

MILEAGE & ESTIMATED TIME TRAVELLING

WHERE STAYING THIS NIGHT

Day 4: DATE

TITLE (I.E. “LEAVING HOME FOR \_\_\_\_\_\_\_ NAT PARK”)

MILEAGE & ESTIMATED TIME TRAVELLING

WHERE STAYING THIS NIGHT

Day 5: DATE

TITLE (I.E. “LEAVING HOME FOR \_\_\_\_\_\_\_ NAT PARK”)

MILEAGE & ESTIMATED TIME TRAVELLING

WHERE STAYING THIS NIGHT

Day 6: DATE

TITLE (I.E. “LEAVING HOME FOR \_\_\_\_\_\_\_ NAT PARK”)

MILEAGE & ESTIMATED TIME TRAVELLING

WHERE STAYING THIS NIGHT

**MAPS & OTHER INFORMATION**

INSERT SCREENSHOTS OF MAPS WITH ROUTE INFORMATION/WAYPOINTS

INCLUDE OTHER PERTINENT INFORMATION SUCH AS NOTES, WEATHER PROJECTIONS, DANGERS SPECIFIC TO THIS TRIP, WHERE LEAVING CAR, ETC.