

SAMPLE TRIP PLAN

Your Travel Itinerary

PARTICIPANT DETAILS

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Medical Conditions/Allergies (if applicable): _____

ACTIVITY DETAILS

(Example: canoeing, camping, cycling, hiking, hunting, fishing, geo-caching, skiing, touring)

TRAVEL DETAILS

Destination _____

Detailed Route Map/Chart — Attached

Planned Route (include campsites, layovers, waypoints)

Duration _____

Departure — Date/Time _____

Return — Date/Time _____

Method of Travel/Distance _____

(Example: ATV, biking, hiking, paddling, power boating, skiing, snowmobiling)

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EQUIPMENT DETAILS

Tent(s) — make/model/colour

Vehicle(s) — make/model/colour/licence

Vessel(s) — make/model/colour/licence or ID #

CONTACT DETAILS

Communication Device — Type/Number
(cellular or satellite phone, VHF)

Distress Alerting Device
(PLB, Spot, inReach)

Emergency Contact Person(s)

Emergency Contact Number(s)

**ALWAYS LEAVE YOUR PLAN WITH A FAMILY MEMBER
OR A FRIEND TO CONTACT THE AUTHORITIES IF NEEDED**