

Backcountry Itinerary Form

Complete this form prior to **your** outdoor trip/adventure and leave it with a responsible person. **MAKE SURE TO CONTACT THEM WHEN YOU RETURN!** It will be **their** responsibility to inform law enforcement so **they** may initiate Search and Rescue procedures if **you** become overdue. Information **you** provide will be critical in **your** rescue.

If you have not heard from me by (time) _____ on (day) ____ of (month) ____, call 911 and report me as overdue. Be prepared to provide the operator with ALL of the information in this trip plan. For any NON-EMERGENCY inquiries,

Your life may depend on it!

advice, or questions as to when	ther to c	all 911 ju	st yet, call Olympic M	Iountain Rescue at §	800-417-9471.		
Time of Departure:			Expected Tim	e of Return:			
Activity Type (i.e. hiking, clir	nbing, ski	ing, snowsł	noeing):				
Trailhead Name:				County:			
Transportation To and F	rom Yo	ur Start	ing Point	Trip Details			
Vehicle License Number:				General Area:			
Vehicle Make:	Model:			Exact Area:			
Color:	Parked At:			Intended Route In:			
Dropped Off at Starting Po	oint By ((If applic	able)	Intended Route			
Name:			Planned Destination:				
Phone Number: -	-			Maps Used:			
To Be Picked Up At the End	l Point	By (If ap	plicable)	Hayo You Boon	In The Area		
Name:				Have You Been In The Area Before: YES NO			
Phone Number: -	-			Equipment ar	nd Supplies Tal	kan (circle all ti	hat annly)
Date: / /		:	AM PM	Backpack	Shelter	Sleeping Bag	Extra Clothing
At This Location:			Water	Water Filter System	Extra Food	Trek poles	
Information				Rainwear	Map of Area	Compass	GPS Unit
Satellite Phone Number (if applicable):				Headlamp	Stove/Cooking	Knife/Axe/Saw/	Cell Phone
Tent/Shelter Type & Color:					System	Multi-tool	0:
Radio Type & Frequency:				Strobe Light	Whistle	Flares	Signal Mirror
Cell Phone Number Monitored:				Personal Survival Kit	First Aid Kit	Ice Axe	Avalanche Transceiver
Radio Channel(s) Monitored:			Skis	Crampons	Snow Shovel	Snowshoes	
Are you Carrying: PLB EPIRB SPOT Other:			Climbing Pro, i.e.	Matches/ Lighter	Extra Batteries	Sun Protection	
Do any party members have clothing with RECCO? YES NO		S NO	pickets, cams etc. Bear Spray	Footwear other than listed in members description, i.e. approach shoes, etc.			
* Optional footwear info: Leave a photo of your footwear, side and bottom, or leave an imprint on a piece of tin foil by placing the foil on a carpet and stepping on the foil with both shoes. Trackers use this information when looking for a lost subject.			Other:				
			Other:				

Description Of TRIP LEADER

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Person #	
First Name:	
Last Name:	
Age: MALE	FEMALE Traveling solo? YES NO
Height:	Weight:
Hair Color:	Skin Color:
Hat Color:	Coat Color:
Pant Color:	Footwear Type:
Glasses:	Disabilities:
Prescription Meds:	
Physical Condition:	EXCELLENT GOOD FAIR POOR
Medical Condition:	
Number Of Days Fo	od Carried: 1 2 3 4 5

Description Of Trip Member

Person #				
First Name:				
Last Name:				
Age:	MALE FEMALE			
Height:	Weight:			
Hair Color:	Skin Color:			
Hat Color:	Coat Color:			
Pant Color:	Footwear Type:			
Glasses:	Disabilities:			
Prescription Meds:				
Physical Condition:	EXCELLENT GOOD FAIR POOR			
Medical Condition:				
Number Of Days Food Carried: 1 2 3 4 5				

Description Of Trip Member

<u>·</u>				
Person #				
First Name:				
Last Name:				
Age:	MALE	F	EMALE	
Height:	Weight:			
Hair Color:	Skin Col	or:		
Hat Color:	Coat Co	lor:		
Pant Color:	Footwea	ır Type:		
Glasses:	Disabiliti	es:		
Prescription Meds:				
Physical Condition:	EXCELLENT	GOOD	FAIR	POOR
Medical Condition:				
Number Of Days Foo	od Carried: 1	2 3	4 5	

Description Of Trip Member

Description of Trip Member				
Person #				
First Name:				
Last Name:				
Age:	MALE FEMALE			
Height:	Weight:			
Hair Color:	Skin Color:			
Hat Color:	Coat Color:			
Pant Color:	Footwear Type:			
Glasses:	Disabilities:			
Prescription Meds:				
Physical Condition:	EXCELLENT GOOD FAIR POOR			
Medical Condition:				
Number Of Days Fo	od Carried: 1 2 3 4 5			

Print multiple copies of this page if needed for more trip members.

Additional Trip Notes:	
Draw or screenshot a map of the area you intend to be traveling, or leave a copy of your maps with this form:	
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DISCLAIMED: Outdoor activities are assumed vial anote. This form is intended as a wide only and connected to replace annually and annually assumed.	_

DISCLAIMER: Outdoor activities are assumed risk sports. This form is intended as a guide only and cannot be expected to replace approved and appropriate courses in wilderness/outdoor survival, first-aid and emergency procedures. Planning, experience and education are essential for safe wilderness/outdoor travel.

Traveling in the wilderness and in cold/hot conditions can be life threatening. Use safety, common and reasonable sense at all times when building any fire. Always follow the laws, rules and regulations in your area when it comes to constructing and using fires.

When venturing into the wilderness or into cold/hot conditions, it is your responsibility to learn the latest information and be prepared. Olympic Mountain Rescue, the author of this form, and their websites assume no liability for any group or individual's use and/or reliance upon information, products and material contained or referenced on its websites or herein.