



## Planned Itinerary Notification

Parties to lodge document with: ☐ Local Police ☐ Rangers ☐ Accommodation base ☐ family ☐ friends  
☐ other: \_\_\_\_\_

### Key Dates, Times, and Locations

Trip start date: \_\_\_\_\_ Scheduled departure time: \_\_\_\_\_ am/pm

Trip start location/departure point: \_\_\_\_\_

Trip end date: \_\_\_\_\_ Estimated arrival time at end location: \_\_\_\_\_ am/pm

Trip end location/arrival point: \_\_\_\_\_

### People Travelling

Total number of people: \_\_\_\_\_ Person organising/leading the trip: \_\_\_\_\_

No.	Person Name	Sex	Age	Mobile/Cell/Notes
1				
2				
3				
4				
5				
6				

*If additional people need to be added, please include them in an attached document and note this as an attachment on page 3*

### Next of Kin

No.	Person Name	Relationship	Phone	Email
1				
2				
3				
4				
5				
6				

*If additional people need to be added, please include them in an attached document and note this as an attachment on page 3*

### Dates, Planned Routes, and Distance to Travel

Day	Date	Route	Distance
1			
2			
3			
4			
5			
6			
7			

Map(s) attached showing routes to be taken? Yes ☐ No ☐



### Activities Planned

- |  |  |                                    |                                      |  |
|--|--|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Camping       | <input type="checkbox"/> Caravaning    | <input type="checkbox"/> RVing     | <input type="checkbox"/> Motorhoming | <input type="checkbox"/> Hiking          |
| <input type="checkbox"/> Trekking      | <input type="checkbox"/> Backpacking   | <input type="checkbox"/> Fishing   | <input type="checkbox"/> Kayaking    | <input type="checkbox"/> Sailing         |
| <input type="checkbox"/> Canoeing      | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Canyoning | <input type="checkbox"/> Geocaching  | <input type="checkbox"/> Mountain Biking |
| <input type="checkbox"/> Trail Running | <input type="checkbox"/> Photography   |                                    |                                      |  |
| <input type="checkbox"/> Other: _____  |  |                                    |                                      |  |

### Notes on Planned Activities

### Method of Travel

Tick:	Mode	Color	Make	Model	Year	Registration
<input type="checkbox"/>	Vehicle(s)					
<input type="checkbox"/>	Caravan/Trailer(s)					
<input type="checkbox"/>	Motorhome(s)					
<input type="checkbox"/>	Motorcycle(s)					
<input type="checkbox"/>	Watercraft					
<input type="checkbox"/>	Bicycle(s)					
<input type="checkbox"/>	On Foot					

If hiking or trekking on foot: Carrying Water supply for \_\_\_\_\_ days Food supplies for \_\_\_\_\_ days

### Safety or Survival Equipment/Gear Taken

- ☐ Mobile/cell phone(s). If yes, contact number(s): \_\_\_\_\_
- ☐ Detailed maps    ☐ GPS/Sat Nav equipment    ☐ Compass    ☐ Registered EPIRB
- ☐ First Aid kit    ☐ Survival Kit    ☐ Other: \_\_\_\_\_
- ☐ Personal protection (knife/firearm/spray etc): \_\_\_\_\_

### Relevant Knowledge and Ability of People on the Trip

Consider skill/experience level for the activities, local knowledge, medical knowledge, survival skills

Notes:

### Special Considerations

(People on the trip with any disabilities, medical conditions, medications, allergies etc)

Notes:



General Information (Anything not mentioned previously considered relevant)
Notes:

List of any Attachments to this Document

Optional inclusions:

- ☐ Photos of people on the trip
- ☐ Copies of Drivers License(s) and/or photo ID
- ☐ Copies of front pages of passport(s) if overseas (notify embassy)

Person lodging Planned Itinerary: \_\_\_\_\_

Date: \_\_\_\_\_