Pope County OEM Search and Rescue Hiking/Trail Ride Plan

Please print this form and fill in appropriate information. Give this form to a responsible person who can provide the information to Search and Rescue in the event you do not complete your trip as scheduled.

Name	Age	Address	Telephone Number

If more people are in the group, please list at the end in the "Other Information" section.

He	lpfu	l info	rmation:

Originating Trailhead Locatio	n:			
Trail Name:				
Start Date and Time:		Return Time	and Date	
Date and Time call should be	made if group has i	not shown up?		
Final Destination:				
If camping, list campsite area	ıs:			
Have you ever hiked to this d	lestination before	Yes ()	No ()	
Vehicle Make and Model				
Color	License			

Please Mark all items that apply to your trip profile (items that you have on your trip)							
Cell Phone	Water		Sleeping Bag		Medicine		Medicine
First Aid Kit	Snacks		Tent		GPS		Sunscreen
Flashlight	Matches		Hiking Boots		Sunscreen		Power Bank/Cords
Мар	Jacket		Tennis Shoes		Medicine		

To report a missing hiker: Call 9-1-1

If trail riding, select appropriate equipment								
Ту	pe of Transportation:							
	Fuel	Spare Tire		Jack		Charger		First Aid Kit (Animal)
	Feed (Animal)	Winch		Tool Kit		Tire Patch/Plug		
	Repair Kit	Helmet		Shovel		Jumper Cables		

List any medical considerations:	-
Leader	-
Phone Number: ()	
Address:	
Emergency Contact:	-
Phone Number ()	
Address	
Other Information:	

Please provide a map of the area and the expected are that you plan to venture into.