



Hiking Plan

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

Name of Hiker	Age	Address	Phone Number
#1			
#2			
#3			
#4			
#5			
#6			

Hiking Leader: _____ Home Phone: (____) _____

Address: _____

Cellular Phone: (____) _____ Other: (____) _____

Emergency Contact: _____ Phone: (____) _____

Address: _____

Vehicle Information

Vehicle Make: _____ Model: _____ Year: _____

Color: _____ License Plate #: _____

Vehicle Make: _____ Model: _____ Year: _____

Color: _____ License Plate #: _____



OHV Information

OHV Make: _____ Model: _____ Year: _____
Color: _____ License #: _____

OHV Make: _____ Model: _____ Year: _____
Color: _____ License #: _____

OHV Make: _____ Model: _____ Year: _____
Color: _____ License #: _____

OHV Make: _____ Model: _____ Year: _____
Color: _____ License #: _____

OHV Make: _____ Model: _____ Year: _____
Color: _____ License #: _____

OHV Make: _____ Model: _____ Year: _____
Color: _____ License #: _____

List any **medical** considerations: _____



Please mark (✓) all items that apply to your trip profile (items that you have with you):									
Cell Phone		Drinking Water		Snacks		Compass		GPS Unit	
Map		Flashlight		Matches		First Aid Kit		Medicine	
Hiking Boots		Tennis Shoes		Jacket		Sunscreen		Snow Gear	
Tent		Sleeping Bag		Mountain Bike					

Helpful Information:

Originating Trailhead Location: _____

Dates of Travel: _____

Return Date and Time: _____

Trail Name: _____

Final Destination: _____

If camping, list campsite areas: _____ Night #1: _____

Night #2: _____ Night #3: _____

Night #4 _____ Night #5: _____

Have you ever hiked this destination before: Yes () No ()

Beaver County



SHERIFF'S OFFICE

SEARCH & RESCUE

SKETCH A MAP OF YOUR TRAVEL PLANS