

## Beaver County



## SHERIFF'S OFFICE

### SEARCH & RESCUE

## 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

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Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

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Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

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#### OHV Information

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OHV Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License #: \_\_\_\_\_

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OHV Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License #: \_\_\_\_\_

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OHV Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License #: \_\_\_\_\_

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OHV Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License #: \_\_\_\_\_

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OHV Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License #: \_\_\_\_\_

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OHV Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License #: \_\_\_\_\_

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List any **medical** considerations: \_\_\_\_\_

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## *Beaver County*

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**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:

If camping, list campsite areas. \_\_\_\_\_ Night #1. \_\_\_\_\_

Night #2: \_\_\_\_\_ Night #3: \_\_\_\_\_

Night #4 \_\_\_\_\_ Night #5: \_\_\_\_\_

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

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**SEARCH & RESCUE**

**SKETCH A MAP OF YOUR TRAVEL PLANS**