



Everett Mountain Rescue

Trip Plan



To: (name) _____, (phone) _____

If you have not heard from me by (time) _____ on (day) _____ of (month) _____, call Search and Rescue at 911, report me as overdue. Be prepared to provide Search and Rescue with ALL of the information in this trip plan.

Activity Type (check all that apply)					
Hiking		Bicycling		Whitewater Kayak	Other: _____
Climbing		Hunting		Sea Kayak	
Skiing		Fishing		Dirt Bike / ATV	
Snowshoeing		Boating (power)		Snowmobiling	

Participant Name(s)	Age	Emergency Contact (Name and Phone)	Medical Issues

Trailhead	Date	Time	Trailhead Name / Location	Intended Destination
Departure				
Intermediate				
Return				

Date	Camping Location	Site

Vehicle	Year	Make	Model	Color	License Plate
1					
2					
3					



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Weather Forecast	
Avalanche Forecast	
Communications	
Miscellaneous Information	

Group Gear (check all that apply)							
First Aid Kit		Water: (_____liters)	Snowshoes		Stove		Harness
Map		Food: (_____days)	Skis		Fuel: (_____days)		Ice Axe
Compass		Water Pure Tabs / Filter	Beacon / Shovel / Probe		Tent (color:_____)		Crampons
Matches / Lighter		Cell Phone	Hiking Boots		Waterproof Bivy Bag		Pickets
Sunscreen		FRS Radio	Insulated Jacket		Foil Bivy Sack		Helmet
Headlamp		GPS	Waterproof Jacket		Sleeping Bag	Other (list):	
Extra Batteries		PLB	Waterproof Pant		Sleeping Pad		
Whistle		Altimeter	Tool Kit		Rope		



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Trip Notes