



TASMANIAN WILDERNESS EXPERIENCES



TRIP INTENTIONS FORM

Walkers' Details		
	Name(s)	Home Phone
Leader:		
Others in group:		
Planned trip		
	Date	Route & campsites
Day 1	/ /	
Day 2	/ /	
Day 3	/ /	
Day 4	/ /	
Day 5	/ /	
Day 6	/ /	
Day 7	/ /	
Day 8	/ /	
Contingency Plans (eg bad weather or injury)		
Alternative or escape routes:		
Supplies & Equipment carried (✓)		
Waterproof jackets	<input type="checkbox"/>	Colour(s):
Tents/emergency shelters	<input type="checkbox"/>	Colour(s):
Spare dry clothes	<input type="checkbox"/>	Food for _____ days
Sleeping bags	<input type="checkbox"/>	First aid kit <input type="checkbox"/>
Matches	<input type="checkbox"/>	Map & compass <input type="checkbox"/>
Mirror	<input type="checkbox"/>	Whistle <input type="checkbox"/>
Contact Instructions		
If I have not returned as arranged, please contact _____ on _____ (phone number) and the emergency services as arranged.		
Signature _____ Date ___/___/___		