



FRONTENAC OUTFITTERS Inc.

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WILDERNESS TRIP PLAN

Trip Start Date (dd /mm /yy): _____ **Intended Return Date** (dd /mm/ yy) _____

PURPOSE OF TRIP:

Canoeing Kayaking Other

TRIP DETAILS:

General Area _____ Finish Point (be specific) _____
 Specific Area _____
 Police Jurisdiction: _____
 Starting Point (be specific): _____ Have you ever been to this area before? Yes No
 If yes, how many times? _____

Describe the day-by-day trip route in detail. Include intended campsite locations (attach separate sheet if necessary):

Map(s) Used: _____

TRANSPORTATION TO & FROM THE STARTING POINT:

Vehicle #1 License No: _____
 Make/Model: _____
 Colour: _____
 Owner: _____
 Location Parked: _____

Or dropped off at starting point by:
 Name: _____ Phone No: _____

To be picked up at end point by:
 Name: _____ Phone No: _____
 Time: _____ Date (dd/mm/yy): _____
 Pickup Location: _____

Vehicle #2 License No: _____
 Make/Model: _____
 Colour: _____
 Owner: _____
 Location Parked: _____

Other rendezvous points used by the group: _____

EQUIPMENT & SUPPLIES TAKEN:

List equipment taken (Tent, Canoe, Pack....). Include make and model

Equipment	Colour

Signaling and Communication Equipment Taken:

- Fire Starter
- Flares
- Satellite Phone# _____
- Flashlight
- Strobe light
- Personal Locator Beacon (PLB#) _____
- Whistle
- GPS
- Radio (type and frequency) _____
- Signaling Mirror
- Cellular Phone# _____

Safety Equipment Taken:

- First Aid Kit
 Water purification system
 Food (days per person) ___

- Rescue Kit
 Shelter (tent, tarp) _____
 Extra Clothing

- Stove
 Sun Protection ~
 Other _____

DESCRIPTIONS OF THIS TRIP'S MEMBERS:

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
Last Name						
First Name						
Disability						
Medical Condition						
Prescription Medication						
Age						
Height						
Hair and Skin						
Eye Glasses						
Family Doctor						
Hat Colour						
Coat Colour						
Sweat Colour						
Pant Colour						
Foot Wear Type						
Tattoos						

Personal Preparedness

Survival Training						
Outdoor Experience						
Map/Compass Training						
First Aid/CPR Training						
Knowledge of Area						

THE FOLLOWING WILL BE NOTIFIED IF I/WE CHANGE DESTINATION:

Name: _____ Home Phone: _____ --
 Address: _____ Work Phone: _____ --

PLEASE, NOTIFY YOUR LOCAL POLICE SERVICE IF I/WE DO NOT RETURN OR CALL BY:

Date (dd/mm/yy) _____ Time: _____ --
 Print Name: _____
 Signature: _____ Date: _____

Local Police Service Phone# _____ Person spoke to: _____ Date/Time of call to police: _____

Complete this plan in as much detail as possible Leave this plan with a responsible person and take a copy with you, In the event that you do not return from your trip by the stated date and time, this plan will be given to respective authorities. For Additional Safety a copy can also be left on the dashboard of your vehicle.

Outdoor Travel Essentials:

- Map of area, compass & GPS
 Flashlight and spare batteries
 Extra food and water
- Extra clothing and rain wear
 Sun protection
 Knife
- Matches or lighter
 First aid kit
 Whistle or signaling device

Note: Outdoor activities are an assumed risk This trip plan is intended as a guide and should not be expected to replace proper education in outdoor survival, tripping or emergency procedures. Planning, experience and education are essential for safe wilderness activities