



# OUTDOOR ACTIVITY PLAN

Complete this document and leave a copy with a responsible person.

Ver 1.1

<http://www.sml.co.za/>

Number to call if we are overdue: \_\_\_\_\_

START				PARTICIPANTS		
Day of week	Date	Time		NAME	AGE / GENDER	CONTACT PERSON & PHONE
Day of week	Date	Time				
PURPOSE		<input type="checkbox"/> Hike (1 day or less) <input type="checkbox"/> Overnight Hike <input type="checkbox"/> Horse trail <input type="checkbox"/> Other:		<input type="checkbox"/> Climbing <input type="checkbox"/> Kayaking / Rafting <input type="checkbox"/> Mountain biking		
<b>ROUTE PLAN A</b>				1		
STARTINGPLACE				2		
INTENDED ROUTE IN AND OUT WITH OVERNIGHT SPOTS WHERE APPLICABLE (BE SPECIFIC)				3		
				4		
				5		
				6		
				7		
	Route done before ? Yes <input type="checkbox"/> No <input type="checkbox"/>			8		
DESTINATION						
<b>ALTERNATE / ESCAPE ROUTE</b>				<b>EQUIPMENT</b>		<b>HAVE YOU CONSIDERED...?</b>
INTENDED ROUTE IN AND OUT WITH OVERNIGHT SPOTS WHERE APPLICABLE (BE SPECIFIC)				<input type="checkbox"/> Backpack <input type="checkbox"/> Sleeping bag <input type="checkbox"/> Map <input type="checkbox"/> Tent: Colour(s) _____ <input type="checkbox"/> Sun hat and sun block <input type="checkbox"/> Water <input type="checkbox"/> Food for _____ days <input type="checkbox"/> Matches or lighter <input type="checkbox"/> Stove and pot(s) <input type="checkbox"/> Torch and spare batteries <input type="checkbox"/> Emergency kit (whistle, mirror, day-glo panel) <input type="checkbox"/> First aid kit <input type="checkbox"/> Leader's cell phone no: _____		<input type="checkbox"/> Torch & Batteries <input type="checkbox"/> Fire-making kit (lighter + candle) <input type="checkbox"/> Signaling (mirror, whistle, phone) <input type="checkbox"/> Snacks and water (>1 litre/person) <input type="checkbox"/> Clothing for weather (wet, cold, hot) <input type="checkbox"/> Navigation (map, compass, GPS) <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Pocket knife <input type="checkbox"/> Sun protection
	Route done before ? Yes <input type="checkbox"/> No <input type="checkbox"/>					<input type="checkbox"/> WEATHER FORECAST
DESTINATION				Notes:		
<b>TRANSPORT DETAIL</b>						
CAR MAKE REGISTRATION, COLOUR AND WHERE PARKED; OR NAME AND PHONE NO OF THE PERSON TRANSPORTING YOU						