

Hunting Plan

Leave this completed form with a person who can notify the authorities in case you do not return as scheduled. A word of caution: In case you are delayed, and it is not an emergency, inform those with your hunting plan of your delay in order to avoid an unnecessary search!

Name of person completing form: _____ Phone: _____

Names of others on hunt:	Age:	Address:	Phone:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any medical conditions of hunting party members that might warrant special consideration, such as heart conditions, diabetes, asthma, or severe allergies.

Name	Condition
_____	_____
_____	_____
_____	_____

Trip Plans

Leaving from: _____

Going to: _____

Route details: _____

Departing on: (Date/Time) _____

Returning on: (Date/Time) _____

Alternate route if bad weather is encountered: _____

Radio: Yes/No _____ Type: _____

Description of automobile: _____ Make: _____ Color: _____

License #: _____

Where parked : _____

