



4-H Challenge and Adventure Trip Planner

Type of Trip/Outing: _____

Name of Group Facilitator/Leader: _____

Day Phone _____ Cell Phone _____

Trip Date/Time: Beginning: _____ Ending: _____ (estimated)

Location:

- ❖ Name of Recreational Area/State: (State Park, Monument, etc.)

- ❖ Parking Area: _____
- ❖ Trail Head/Route: _____
- ❖ Returning to: _____
- ❖ Camp location on route: _____
- ❖ Ranger District/phone#: _____
- ❖ Nearest Hospital/ER phone#: _____
- ❖ Locater/Contact System: _____
- ❖ License Plate #/State of Vehicle(s): _____

Equipment: (list all equipment that indicates you are prepared for the trip including unexpected delays for your return)

Group:

Name (adults)

Cell Phone #

Total Number of Youth: _____

Juniors #: _____

Intermediates #: _____

Seniors #: _____

Trip Planner filed with: (For data collection purposes, please submit a copy to the 4-H C&A Coordinator)

- _____ [OSU 4-H Staff]
- _____ [OSU Extension Office]
- _____ [4-H C&A Coordinator]

Date Trip Planner completed: _____