4-H Challenge and Adventure Trip Planner

| Type of Trip/Outing: | | | |
|--------------------------------|--|-------------|--|
| Name of Group Facilitator/Lead | er: | | |
| Day Phone | Cell Phone | · | |
| Trip Date/Time: Beginning: | Ending: | (estimated) | |
| Location: | | | |
| Name of Recreational Are | ea/State: (State Park, Monument, etc.) | | |
| | | | |
| Trail Head/Route: | | | |
| Returning to: | | | |
| Camp location on route: _ | | | |
| Ranger District/phone#: | | | |
| Nearest Hospital/ER phor | ne#: | | |
| Locater/Contact System: | ❖ Locater/Contact System: | | |
| License Plate #/State of V | /ehicle(s): | | |

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

| Group. | |
|--|---|
| Name (adults) | Cell Phone # |
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| | |
| Total Number of Youth: | |
| Juniors #: | |
| Intermediates #: | |
| Seniors #: | |
| | |
| <u>Trip Planner filed with</u> : (For data collection pu | urposes, 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: | |

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