



Ride Itinerary Form

If you have not heard from me by (time) _____ of (day) _____ of (month) _____, please contact search and rescue at 911 and report me as overdue. Provide search and rescue with ALL of the information below.

Time/date of Departure: _____ Expected Time/date of Return: _____

Names (include your own)	Age	Phone#	Physical Description	Medical issues / medications

Emergency Equipment Carried: - 1st Aid Kit - Flashlight - Map - Compass - Knife - Water - Food - Communications - Lighter/matches - Rain gear - Medications

Other: _____

Vehicle / Trailer	Make	Color	License #

Equine	Sex	Description	Age	Breed	Shod	Brands

Veterinarian: _____ Vet Contact info: _____

Farrier: _____ Farrier Contact info: _____

In Case of Emergency (ICE) – Name- Relationship – Contact information: _____

Trip Details: Activity Type: day ride camping

Trailhead Name: _____ State: ____ Address / Coordinates: _____

Planned Trails and Route: _____

Backup Plan: _____

Additional Trip Notes: _____