

# ADVENTURE CAMP TRIP ITINERARY

PLEASE LEAVE COMPLETED FORM WITH SITE MANAGER. **ATTACH MAPS IF POSSIBLE.**

CAMP \_\_\_\_\_

DEANS \_\_\_\_\_

DATES OF CAMP \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

REGISTRATION TIME : FROM \_\_\_\_\_ TO \_\_\_\_\_

REGISTRATION PLACE

\_\_\_\_\_  
\_\_\_\_\_

PRIMARY EMERGENCY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

(Someone who can find you in the field)

ALTERNATE CONTACT PERSON \_\_\_\_\_

PHONE \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

LOCATION CAMP CLOSES

\_\_\_\_\_  
TIME \_\_\_\_\_

PLEASE DESCRIBE YOUR DAILY TRAVEL PLAN, DETAILING HOW YOU COULD BE LOCATED IN CASE OF AN EMERGENCY.

## **DAY #1 BEGINS IMMEDIATELY AFTER REGISTRATION.**

*DAY #1*      *LOCATIONS—CAMPSITES—LANDMARKS*      *APPROX. TIME*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*DAY #2*

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*DAY #3*

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*DAY #4*

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*DAY#5*

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*DAY #6*

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*DAY #7*

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