

BSA Troop 810

Hike Plan

WHEN: Departure Date: _____ Return Date: _____
Departure Time: _____ Return time: _____
Break Time: _____

WHERE: Depart from: _____ Return to: _____

Route Description (for hikes > 10 miles, attach a map with intended route).

Estimated Distance: _____

WHO: List the names of all hikers on the back.

WHY: Indicate the purpose of the hike: _____

EQUIPMENT CHECK:

Appropriate clothing
Water
Pocketknife
Flashlight
Matches/Firestarters

Appropriate Footwear
Trail Food
First Aid Kit
Rain Gear
Map & Compass
Sun Protection

Other Equipment Needed: _____

SOURCE OF DRINKING WATER: _____

Signed: _____
Hike Leader

This hike plan has been left with _____ (must be an adult leader at base camp or the area ranger).