



### 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 #

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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:** \_\_\_\_\_