



CLEVERHIKER

BACKPACKING ITINERARY

(Leave a copy with a trusted friend or family member & under your car seat)

Full Name:

Cell phone #:

Car make, model, & plate #:

Trailhead I'm parking at:

Trail names/numbers:

Tentative camp sites:

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Destination:

Other transportation or resupply information – like if they or someone else will be meeting you during your trip to resupply, when and where, and if you'll be shuttling or hitchhiking at all from trailhead to trailhead at any point during your trip.

Approximate start time:

Approximate end time:

Panic if you haven't heard from me by:

Local Rangers phone #:

Sheriff's office phone #:

Emergency contact phone #:

I have the following medical conditions/allergies:

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I take the following medications:

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