

# Hunting Plan

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Leave this completed form with a person who can notify the authorities in case you do not return as scheduled. If you are delayed, and it is not an emergency, inform those with your hunting plan of your delay in order to avoid an unnecessary search.

**Name of person completing form:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<b>Name of others on hunt:</b>	<b>Age:</b>	<b>Address:</b>	<b>Phone:</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any and all medical conditions of hunting party members that might necessitate special consideration, such as heart conditions, diabetes, asthma, or severe allergies.

<b>Name:</b>	<b>Condition:</b>
_____	_____
_____	_____
_____	_____

## Trip Information

Leaving from: \_\_\_\_\_

Going to: \_\_\_\_\_

Route details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Departing on (date/time): \_\_\_\_\_ Returning on (date/time): \_\_\_\_\_

Potential alternative route: \_\_\_\_\_

## Automobile Description

Type: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Where parked: \_\_\_\_\_

