



- Complete all applicable sections accurately. Sections marked with an * must be completed.
- Two copies of this form must be made. One copy should be printed and carried with the leader on the trip. In an emergency, the Police require details of the party.
- A second copy could be left with the Contact Person (e.g. leader's spouse), or the other driver. While this is optional, you must do the next step.
- Email this editable form to our designated SAR contacts: Pat Holland, Lawrie Halkett, & Chris Louth (see over for their contact details).

lame of Leader:		Age <u>:</u>	_ *No. in Party	:	_*Home Phone No: _
*Address:					Mobile Phone:
*Next of Kin (or alternative contact) Name	e:		Home Phone	e:	Work Phone:
*Name:	Age:	Emergency (Contact:		_ Mobile Phone:
Address:					_ Medical Conditions:_
*Name:	Age:	Emergency (Contact:		_ Mobile Phone:
Address:					_ Medical Conditions:_
*Name:	Age:	Emergency (Contact:		_ Mobile Phone:
Address:					_ Medical Conditions:_
*Name:	Age:	Emergency (Contact:		_ Mobile Phone:
Address:					_ Medical Conditions:_
*Name:	Age:	Emergency (Contact:		_ Mobile Phone:
Address:					- Medical Conditions: -
) *Name:	Age:	Emergency (Contact:		_ Mobile Phone:
Address:					_ Medical Conditions:_
*Name:	Age:	Emergency (Contact:		_ Mobile Phone:
Address:					_ Medical Conditions: _
*Name:	Age:	Emergency (Contact:		_ Mobile Phone:
Address:					- Medical Conditions:
*Name:	Age:	Emergency (Contact:		_ Mobile Phone:
Address:					_ Medical Conditions:
VEHICLES:					
*Vehicle Make: Reç	gstn No:	Colour:	Ve	hicle Parked at:	
*Vehicle Make: Reg	gstn No:	Colour:	Ve	hicle Parked at:	

	TRIP INTENTIONS:						
A	Journey Start Date:	Date Due Out:	Panic Date:	Time:			
	Planned Route & Area of Travel: (this in	nformation is critical in assisting SAR to local	te your party – please be as	detailed as possible).			
ı	Area (e.g. National or Forest Park.) : _	ea (e.g. National or Forest Park.) : Track Name:					
B	Planned Route:						
ı	Accommodation (o.g. Huts):						
Ţ							
S	•	stances change intentions):					
ı							
	Are you returning to Nelson? YES	/ NO					
	If 'no', where is your next destination?						
L							
	CONTACT PERSON:						
	*Name:	*Home Phone No:	Mobile	Phone:			
>)	Note: This contact person must be noti	fied with any change of trip intentions; then t	hey must notify Pat. Lawrie	or Chris.			
Ĭ		e Panic Date, this contact person must inforr					
L							
	EMERGENCY CONTAC	CTS:					
	If you activate a club Personal Locator	Beacon, the Search And Rescue base will a	ttempt to contact the following	ng people for information:			
1	Pat Holland, NTC President: Phone	e: (03) 539 1340. <u>click to EMAIL</u> .					
2	Lawrie Halkett, NTC Committee: Phone: (03) 544 4096. click to EMAIL.						
3	Chris Louth, NTC Programme Edito	or: Phone: (03) 547 6628. click to EMAIL.					
4	Darryl @ Rollos Outdoor Centre, 12 l	Bridge St, Nelson: Phone: (03) 548 1975					
$oldsymbol{1}$							
	Note: If you change your trip intentions	; it is imperative that you notify one of the ab	ove people. It could save S	AR a lot of time and money.			
5	Search & Rescue base: 0508 472 26	69: 04 577 8030 (Wellington) or direct to	the Police: 111				
Ľ		, ,					
	LOCATOR BEACON No):					
	*Number:						