Overnight Hiking Trip Intention Form
Grampians National Park

Phone: 13 19 63   Email: info@parks.vic.gov.au

- Please ensure all sections of this form are completed and the information is accurate.
- Submit this form to the Parks Victoria email address above well in advance of your trip.
- To ensure you have returned safely, you must contact Parks Victoria at the completion of your hike/camp.
- Please email this form to Parks Victoria to notify that you have returned, or call the number above if you have any queries.

*Schools/multiple groups
- Please send a copy of your detailed programs – including group numbers, dates and maps highlighting locations and grid references of campsites and proposed activities.

Group Contact/Name: _____   Phone: _____

Street Address: _____   Mobile phone: _____

Email Address: _____   Number of Hikers in group: _____

Date	Walking Track Route	Overnight Hiker Campsite	Grid Reference

1st Vehicle   Location left at: _____ Reg. No: _____

Vehicle make: _____Vehicle model: _____ Vehicle colour: _____

2nd Vehicle   Location left at: _____ Reg. No: _____

Vehicle make: _____Vehicle model: _____ Vehicle colour: _____

Equipment Carried:

☐ Map_____   ☐ Water _____litres/per day   ☐ Waterproof Jackets   ☐ Tent/Tarp
☐ Compass   ☐ Personal Locator Beacon (PLB)   ☐ GPS   ☐ Satellite Phone
☐ Fuel Stove   ☐ Spare Clothing   ☐ Sleeping Bag   ☐ Food for _____ days
☐ First Aid Kit   ☐ Matches   ☐ Whistle   ☐ Torch

Other relevant information eg: Medical Conditions
_____

In the event of NOT REPORTING my return by: ____ / ____ / ____
I request that you contact my emergency contact person/s:

Name: _____ Ph: _____

Name: _____ Ph: _____

**EMERGENCY PROCEDURES will be initiated in the event of you not reporting at the end of your trip. If you do not report the completion or cancellation of your trip, a search by police and emergency services may be undertaken. If this occurs you could be liable for civil action for any costs involved.

SIGNED: _____ Date: ____ / ____ / ____

Office Use Only
Trip details checked by, Name: _____ Date: ____ / ____ / ____
Discussion Tick Box: ☐Fire Ban ☐Water ☐Weather ☐Not Reporting In
Return confirmed: ☐Phone ☐In Person ☐Other: _____ Signed: _____