# Overnight Walking Trip Intention Form

## Little Desert National Park

**Please ensure all sections of this form are completed and the information is accurate.**

**Email this form to** [LittleDesertDiscoveryWalk@parks.vic.gov.au](mailto:LittleDesertDiscoveryWalk@parks.vic.gov.au)

Contact/Group name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of walkers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle: Make\_\_\_\_\_\_\_\_\_\_\_\_\_Colour\_\_\_\_\_\_\_\_\_\_\_Registration\_\_\_\_\_\_\_\_\_\_Location left at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Planned walking route details | | |
| **Date** | **Start point** |  |
|  | **Night 1** |  |
|  | **Night 2** |  |
|  | **Night 3** |  |
|  | **Finish point** |  |

Contact details in case of emergency

Contact person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The reporting person **must** notify the contact person ASAP on return, or if delayed.

Equipment carried

|  |  |
| --- | --- |
| * Map\_\_\_\_\_\_\_ | * Matches |
| * Compass | * Waterproof jacket |
| * Fuel stove | * GPS |
| * First aid kit | * Sleeping bag |
| * Water\_\_\_\_\_litres/per day | * Whistle |
| * Personal Locator Beacon | * Tent/Tarp |
| * Spare Clothing | * Satellite Phone |

Other relevant information eg: Medical Conditions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For further information, call the Parks Victoria Information Centre on 13 1963 or visit [www.parks.vic.gov.au](http://www.parks.vic.gov.au)