

AUTC ACTIVITY INTENTION FORM

Use this form for all activities/tramps



Activity Name: _____ Total People: _____

ACTIVITY DETAILS:

Location of Activity: _____

Start Time and Date: _____ Finish Time and Date: _____

THE ALARM WILL BE RAISED NO LATER THAN 24 HOURS AFTER YOUR FINISH TIME IF YOU HAVE FAILED TO MAKE CONTACT.

LEADER DETAILS:

Activity Leader: _____ Contact Number: _____

Contact Person: Andrew Hudson
AUTC Safety Officer 2010 Contact Info: 021 037 0423
safety@autc.org.nz

CAR (IF TAKING ONE):

Only one car's information is required

Make and Model: _____

Registration No: _____ Colour: _____

Parked At: _____

TAKE A COPY OF THIS COMPLETED FORM WITH YOU ON THE ACTIVITY

INTENDED ROUTE:

Include all overnight locations in CAPS.

Alternate/Emergency Route Plans: _____

**IF YOU NEED ANY HELP FILLING THIS FORM IN OR PLANNING A TRIP EMAIL
trips@autc.org.nz or safety@autc.org.nz**

EMAIL THIS FORM BEFORE YOU DEPART TO safety@autc.org.nz

REMEMBER TO EMAIL safety@autc.org.nz OR TXT 0210370423 AS SOON AS YOU RETURN!

