Overnight Hiking Trip Intention Form
Grampians National Park
Brambuk – The National Park and Cultural Centre in Halls Gap
Phone: (03) 5361 4000 • Fax: (03) 5361 4059 • Email: info@brambuk.com.au

- Please ensure all sections of this form are completed and the information is accurate.
- Submit this form to Brambuk well in advance of your trip.
- To ensure you have returned safely, you must contact Brambuk at the completion of your hike.
- The Centre is open daily from 9am to 5pm. If the Centre is closed leave a message on the answering machine, email or place this form under the door to confirm that you have returned.

Schools Only
- Please attach a copy of your itinerary/daily plans, including dates, campsites and proposed activities.

Name: _____________________________________________  Phone: _____________________________
Address: ___________________________________________ Mobile phone: _______________________
Group name: ________________________________________ Number of Hikers in group: _____________

<table>
<thead>
<tr>
<th>Date</th>
<th>Walking Track Route</th>
<th>Overnight Hiker Campsite</th>
<th>Grid Reference</th>
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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 to Brambuk - The National Park & Cultural Centre 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: __________________________