

HIKE\FLOAT TRIP BEGIN DATE _____

HIKE\FLOAT TRIP END DATE _____

WHERE WILL YOU LEAVE VEHICLE(S): _____

ENTRY POINT: _____

NUMBER IN GROUP _____

HIKERS\FLOATERS: (NAMES, DOB'S, DESCRIPTIONS, MEDICAL)

PHONE NUMBERS:

VEHICLES: (YEAR, MAKE, MODEL, COLOR, LPN, STATE)

HIKING\FLOAT ROUTE:

OTHER INFORMATION (CLOTHING DESCRIPTION, EMERGENCY CONTACTS, MEDICAL):

EMERGENCY CONTACTS:

RETURN TO MONTGOMERY COUNTY SHERIFF OFFICE 225 FAIRGROUNDS RD, MOUNT IDA, AR 71957

PHONE 870-867-3151

FAX 870-867-4212