MICHIGAN 4-H OUTDOOR ADVENTURE CHALLENGE
TRIP NOTIFICATION FORM

4-H Outdoor Adventure Challenge Club Name (if any) ___________________________________________

County ______________________________________

<table>
<thead>
<tr>
<th>Age Level</th>
<th>Estimated No. of Girls on Trip</th>
<th>Estimated No. of Boys on Trip</th>
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<td>17-18</td>
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_________ Total No. of Adults (over 18) on Trip: _____ females _____ males

Name, Address, City and Phone No. of Certified Leader(s) on Trip:

_________________________________________________________________________

_________________________________________________________________________

Person to be contacted in an emergency (Name, Address, Phone):

_________________________________________________________________________

If plans include swimming, boating or canoeing, name of senior lifesaver(s):

_________________________________________________________________________

_________________________________________________________________________

Dates of trip: ___________________________ Trip Itinerary (attached plans and maps if necessary) and
planned overnight site(s):

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Nature of Activity (e.g. climbing, backpacking, spelunking, etc.):

_________________________________________________________________________

_________________________________________________________________________

PLEASE COMPLETE IN DUPLICATE. KEEP ONE COPY FOR YOUR OWN RECORDS AND SUBMIT ONE COPY TO YOUR COUNTY
EXTENSION OFFICE AT LEAST TWO WEEKS PRIOR TO YOUR TRIP.

NOTE: Because of the stress situations inherent in the 4-H Outdoor Adventure Challenge Program, the related liability and possible need for
contact in family emergencies, a copy of this form must be on file at your County MSU Extension Office. Any changes in the above plans must be
made in writing to your County Extension Office.