

**RTM OUTDOOR RECREATION PROGRAMS TRIP ITINERARY**

*This form is to be filed with the Department Chair or Outdoor Coordinator by the instructor at least three days prior to any field experience. Although the following schedule is tentative and may be changed because of weather conditions, fatigue, or emergency, it is expected that, under normal conditions, it will be followed.*

(Please print clearly)

**Course Title:**

**Ticket #**

**Trip Dates:** (dd/mm/yyyy)

**Trip Leader/Professor-in-charge:**

**Assistant Leader(s) (TA, GA, AP):**

**Date & Time for Equipment Check-out:**

**Trip Plan:** (Attach maps (to trailhead and/or travel route), student information sheet

**Departure: Date**

**Time:**

**Drop-off Point:**

**Return: Date:**

**Time (ETA) at Trailhead:**

**Time (ETA) return to CSUN:**

**Number of Persons on Trip:**

**Number of Meals on Trail:**

**Breakfast:**

**Lunch:**

**Dinner:**

**Trip Schedule:**

Day/Date	VIA	Anticipated Campsite

**Evacuation Route Communication Source:** (list emergency contact numbers for the field trip area –

**Identify evacuation routes for each day:**

**EMS Contact system/numbers:**

**Day 1**

**Day 2**

**Day 3**

**Day 4**

**Department Chair/Outdoor Coordinator**

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