

# Overnight Hiking Trip Intention Form

## Grampians National Park

Brambuk – The National Park and Cultural Centre in Halls Gap  
 Phone: (03) 5361 4000 • Fax: (03) 5356 4059 • Email: [info@brambuk.com.au](mailto: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/camp.
- 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/multiple groups**

- Please send a copy of your detailed programs – including group numbers, dates and maps highlighting locations and grid references of campsites and proposed activities.

Group Contact/Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Number of Hikers in group: \_\_\_\_\_

Date	Walking Track Route	Overnight Hiker Campsite	Grid Reference

**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:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Map _____     | <input type="checkbox"/> Water _____ litres/per day    | <input type="checkbox"/> Waterproof Jackets | <input type="checkbox"/> Tent/Tarp           |
| <input type="checkbox"/> Compass       | <input type="checkbox"/> Personal Locator Beacon (PLB) | <input type="checkbox"/> GPS                | <input type="checkbox"/> Satellite Phone     |
| <input type="checkbox"/> Fuel Stove    | <input type="checkbox"/> Spare Clothing                | <input type="checkbox"/> Sleeping Bag       | <input type="checkbox"/> Food for _____ days |
| <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> Matches                       | <input type="checkbox"/> Whistle            | <input type="checkbox"/> Torch               |

Other relevant information eg: Medical Conditions

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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: \_\_\_\_\_