

THIS FORM IS IMPORTANT!

KZN CONSERVATION SERVICES MOUNTAIN RESCUE REGISTER

NO FIRES OR CANDLES PERMITTED IN PARK!

PLEASE COMPLETE IT IN FULL!

FULL NAME	AGE	SEX M / F	PACK COLOUR	RAIN GEAR Y / N	COLD GEAR Y / N	FOOTWEAR FOR SNOW Y / N	SLEEPING BAG Y / N	TENT COLOUR / NONE	ROUTE DONE BEFORE	NEXT-OF-KIN TEL. NO. (INCL. CODE)	MEDICAL PROBLEMS Y / N	MEDICAL AID, MEMBER NUMBER AND / OR RESCUE SERVICE DETAILS
1. (Leader)												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												



LEADER'S POSTAL ADDRESS

DETAILED ROUTE DESCRIPTION, INCLUDING ALTERNATIVES & OVERNIGHT STOPS

DETAILS OF MEDICAL PROBLEMS

EXPERIENCE

NUMBER OF EXPERIENCED HIKERS IN GROUP (20 OR MORE OVERNIGHT HIKES EACH):	
NAME/S OF HIKING AND / OR MOUNTAINEERING CLUB/S TO WHICH GROUP MEMBERS BELONG:	

DATES AND TIMES

ACTUAL DEPARTURE DATE:	TIME:	
EXPECTED RETURN DATE:	TIME:	

NUMBER OF DAYS FOOD:	
GOOD MAP OF HIKE AREA? (Y/N)	
COMPREHENSIVE FIRST AID KIT? (Y/N)	

VERY IMPORTANT!

**PLEASE REPORT YOUR RETURN BY SIGNING OUT BELOW.
IF THE OFFICE IS CLOSED, LEAVE A MESSAGE AND PHONE AS
SOON AS POSSIBLE.**

SIGN:	NAME:	
DATE:		
TIME:		

VEHICLE MAKE & MODEL	COLOUR	LOCATION	REGISTRATION NO.

HAVE YOU PAID YOUR OVERNIGHT HIKING FEE?