TRIP LEADER
Information worksheet

Group Info

_____
Group Requesting Cave Trip

_____
Group Leader/Contact Person

_____
Phone Number

_____
Email Address if applicable

_____
Projected/Requested trip date range

_____
Date/Location of Pre-trip Education Meeting(s)

_____
KCAG Trip Leader

_____
KCAG (Other)

Trip Info:

_____
Depart from (Location, Dates & Times)

_____
To Arrive At (Camp or Cave Location)

Cave(s) _____

Cave: In Date/Time _____

Out Time(s)_____

Return To _____

Return Home By_____

Camping Info

Location(s) _____

_____
Camping Contact/ Phone Number

Surface Watch Deadline _____
Date Time

_____
Surface Watch Contact/Ph Number

Pre-Trip Checklist

_____Policy Statement Signed
_____Education Meeting Completed
_____Group Specific Permits Obtained
_____KCAG Liability Waivers Signed
_____Camp Permission/Permit
_____Camp Directions
_____Cave Permission/Permit(s)/
_____Cave Map, Directions to Cave (Provided to Cavers Only)
_____Helmets and Lights
_____Safety/Rescue Information Sheet Completed (See Attached)
_____ Group Cave Pack and Gear Check
_____ Verify Proper Attire & Footwear
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

This page is to accompany Trip leader until trip is completed.