

**CORA I
2011**

Intentions Form



**GirlGuiding
New Zealand**

This form is to be completed by the leader or girl in charge of the camp / outdoor recreation / adventure activity if it will take place more than 30 minutes walk away from a regularly used road, place of refuge, known landline and outside of mobile phone or if the activity policy states so. Include this form with your (AP) or (GP) form. **If the group has not made contact by the time stated on this form the intentions form holder should attempt to contact any leader involved in the activity. If they can not be reached contact the police on 111.**

EXPECTED DATE OF RETURN		TIME		AM / PM	
Emergency contact person - We will leave a copy of this form and attachments (AP) or (GP) with the following person					
Name		Relationship (District Co-ordinator, parent)			
Address					
Home phone		Work phone		Mobile phone	
Activity type					
<input type="checkbox"/> Sailing <input type="checkbox"/> Sea kayaking <input type="checkbox"/> Walking - day <input type="checkbox"/> Horse riding / trekking <input type="checkbox"/> Tramping - day <input type="checkbox"/> Camping <input type="checkbox"/> Motor powered boat <input type="checkbox"/> Tramping - overnight <input type="checkbox"/> Cycling or mountain biking <input type="checkbox"/> Orienteering, rogaining or geocaching <input type="checkbox"/> White water kayaking <input type="checkbox"/> Flat water kayaking <input type="checkbox"/> Rock climbing <input type="checkbox"/> Other					
Start date		Time		Finish date	
Starting from					
Describe where you are going, where you will be staying and what you are doing, include hut and track names and grid references where appropriate					
Alternative route / plans <i>(for bad weather / emergencies)</i>					
All group members <i>(use more pages if required)</i>				Total Number in group	
Name	Address		Mobile phone for leaders / home phone for girls		Role
Emergency equipment carried					
<input type="checkbox"/> Satellite / mobile phone <input type="checkbox"/> Wet weather gear and thermal clothing <input type="checkbox"/> Mountain Radio - call sign _____ <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Personal Locator Beacon (PLB) <input type="checkbox"/> GPS <input type="checkbox"/> Extra food for _____ days					
How are you travelling to / from the area?					
If you are leaving a car / s in the area: Registration number				Colour	
Make and Model			Parked at		
Where will you be going after the activity / camp?					
Remember to advise the contact person who holds this form of your return!					
District Co-ordinator		Home phone		Mobile phone	
Regional Co-ordinator		Home phone		Mobile phone	