

SUBLETTE COUNTY SHERIFF'S OFFICE WILDERNESS CHECK-IN FORM

Name: _____ Date: _____ Number in party: _____
Date of entry: _____ Date of exit (date you are absolutely sure you will be out!!!) _____

Cell phone numbers of all people in party: _____

Number of males in the party: _____ Their ages: _____

Number of females in the party: _____ Their ages: _____

Explain any medical/physical problems: _____

Do you have maps of the area (Yes/No). Do you know the area (Yes/No). Are you equipped for a winter storm of snow & cold (Yes/No). Are you taking any animals along (Yes/No). If Yes, what type of animal, color and description.

Number of tents _____ Color and description: _____

What is your experience level in the wilderness: _____

Vehicle Information: Where vehicle will be parked: _____

License plate number _____ License State: _____ Vehicle color: _____

Vehicle Make/Model: _____ Vehicle year: _____

Other information: _____

Place of entry: _____ Place of exit: _____

Planned route of travel: _____

Location of camp _____ Date: _____

Location of camp _____ Date: _____

Location of camp _____ Date: _____

Location of camp _____ Date: _____

Location of camp _____ Date: _____

Location of camp _____ Date: _____

Contact person(s) in case of emergency:

Name: _____ Cell phone number: _____

Home phone number: _____ Work phone number: _____

Name: _____ Cell phone number: _____

Home phone number: _____ Work phone number: _____

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NOTE: Be sure to sign in and out on the Forest Service Registry at the Trailhead when you enter and leave the area. You can call into the Sheriff's Office to make notification that your trip has been completed, or stop by and notify the on duty dispatcher that you are out. The Sheriff's Office will check to see if your vehicle is gone if you haven't made notification that you are out. If the vehicle is still there, the sheriff will contact the person you used as a contact person to see if a search of the area is called for. Any additional information should be put on the back of this page.