

New Zealand Outdoors Intentions Form

ADDITIONAL GROUP MEMBERS



Safety is your responsibility so tell someone, it could save your life | www.adventuresmart.org.nz

This additional information sheet is for Outdoors Users to record additional group members taking part in their trip. It must be used in conjunction with the full Outdoors Intention form and not on its own.

OUTDOOR USER/LEADER NAME	<input type="text"/>	START DATE	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YY"/>
EXPECTED DATE OF RETURN	<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YY"/>	EXPECTED TIME	<input type="text" value=":"/> : <input type="text" value="AM"/> PM

ADDITIONAL GROUP MEMBERS? (Overseas visitors please include your passport number and your nationality.)

7	Name:	<input type="text"/>	Phone:	<input type="text"/>	Medical Conditions & Medication:
	Address/Passport No./Nationality:				
8	Name:	<input type="text"/>	Phone:	<input type="text"/>	Medical Conditions & Medication:
	Address/Passport No./Nationality:				
9	Name:	<input type="text"/>	Phone:	<input type="text"/>	Medical Conditions & Medication:
	Address/Passport No./Nationality:				
10	Name:	<input type="text"/>	Phone:	<input type="text"/>	Medical Conditions & Medication:
	Address/Passport No./Nationality:				
11	Name:	<input type="text"/>	Phone:	<input type="text"/>	Medical Conditions & Medication:
	Address/Passport No./Nationality:				
12	Name:	<input type="text"/>	Phone:	<input type="text"/>	Medical Conditions & Medication:
	Address/Passport No./Nationality:				
13	Name:	<input type="text"/>	Phone:	<input type="text"/>	Medical Conditions & Medication:
	Address/Passport No./Nationality:				
14	Name:	<input type="text"/>	Phone:	<input type="text"/>	Medical Conditions & Medication:
	Address/Passport No./Nationality:				
15	Name:	<input type="text"/>	Phone:	<input type="text"/>	Medical Conditions & Medication:
	Address/Passport No./Nationality:				