# **APPENDIX H: Activity Report Form**

**EMAIL FORM – BUSHWALKING PROGRAM TRIP REPORT**

Within ONE week of your trip email this form completed to activities@vnpa.org.au

If the trip is cancelled, please call the VNPA office on (03)93416500 or email activities@vnpa.org.au with the reason why **AND** let the Emergency Contact know if relevant.

**Activity title/location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activity Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leader/s**: \_\_\_\_\_\_\_\_\_\_\_**Activity Grade:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activity Map and Reference:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach Trip Notes so that someone else can lead this trip in the future.

**NUMBER OF PARTICIPANTS: (List names and phone numbers overleaf)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Members(including leader) | Non-members | Numberturned away | Numberwith pass |
| Adults |  |  |  |  |
| Children |  |  |  |  |
| TOTAL |  |  |  |  |

Please note any items you wish to bring to the attention of VNPA.

e.g. highlights, problems, unfit participants, track condition etc. (First Aid Report, see over).

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State of the Park. Please report on any issues concerning what is happening in the park if you traveled in one. e.g. erosion, state of tracks/signs, feral animals, 4WD, mountain bikes, horse riding, shooters etc.

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|  |
| Photos were taken by: |

**MEMBERS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | First Name | Family Name | Phone | Email | Emergency Contact Phone |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
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| 16 |  |  |  |  |  |

**NON-MEMBERS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | First Name | Family Name | Phone | Email | Emergency Contact Phone |
| 1 |  |  |  |  |  |
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**FIRST AID INCIDENT REPORT** (Anything possibly requiring further action and / or insurance claim but not blisters or scratches etc.)

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