



Adventist Outdoors Northern Australia
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OUTDOOR ACTIVITY NOTIFICATION

To be sent to arrive one (1) week prior to conduct of activity

- CONTACT PERSON MUST RECEIVE A COPY OF BOTH SIDES OF THIS DOCUMENT
- CONFERENCE AO CHAIRPERSON MUST RECEIVE A COPY OF THE FRONT ONLY

APPROVED BY:	☐ Church Board (specify name)	☐ School (specify)	☐ Conference Dept
GROUP OR CLUB:			
TYPE(S) OF ACTIVITY			TODAY'S DATE
LOCATION OF ACTIVITY			DATE OF ACTIVITY
☐ PRIVATE PROPERTY ☐ STATE FOREST ☐ NATIONAL PARK ☐ CHURCH PROPERTY ☐ OTHER (Specify)			
CONTACT PERSON'S NAME (A person who is contactable in the event of an emergency) _____ This person should notify the police or SES if you have not contacted them by:		PHONE: _____ (HM) (WK) (MOB)	
TIME	DAY	DATE	
ASSESSOR NAME	RESPONSIBILITY LEVEL (RL) see below for definitions ☐ III ☐ IV ☐ V	HM: WK: MOB:	AO ID. NO
INSTRUCTOR NAME	RESPONSIBILITY LEVEL (RL) ☐ III ☐ IV ☐ V	HM: WK: MOB:	

VEHICLE REGISTRATION MAKE & MODEL _____ _____ _____ _____ _____	REGO NO _____ _____ _____ _____ _____	COLOUR _____ _____ _____ _____ _____	PARKED AT _____ _____ _____ _____ _____
INTENDED ROUTE, ESCAPE ROUTE AND/OR ALTERNATIVE PLANS _____			DATE IN _____ DATE/TIME DUE OUT _____
EMERGENCY COMMUNICATION ☐ MOBILE ☐ RADIO ☐ EPIRB			
PARTICIPANTS _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	RESPONSIBILITY LEVEL I – V _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	PHONE NO _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	AO ID. NO _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
THE PARTY IS FULLY EQUIPPED FOR ____ DAYS ☐ FOOD ☐ CLOTHING ☐ SHELTER			
OWNERSHIP OF EQUIPMENT ☐ CHURCH ☐ HIRE ☐ PRIVATE			

COMMENTS OR ADDITIONAL INFORMATION _____

☐ VERIFICATION OF INSURANCE IS REQUIRED BY LAND MANAGERS (eg State Forest, National Parks, etc) ☐ YES ☐ NO

REMEMBER TO INFORM CONTACT PERSON ON RETURN