



TLCCV MEMBER - TRIP INFORMATION FORM



Trip Name		Trip Date	
Driver - 1		TLCCV Mbr No.	
Driver - 2			

DRIVER AWARENESS	Year you completed your Driver Awareness	Driver 1	
		Driver 2	

Names of Passenger/s		(Age of Children)
1		
2		
3		
4		
Temporary Members		Temp Mbr No.
1		
2		

YOUR CONTACT DETAILS	Phone No:		Mobile No:	
	Email:		Sat Phone No:	

EMERGENCY CONTACT <i>(not traveling with you)</i>	Name		Relationship to Driver 1	
	Emergency Phone No.		Emergency Mobile No.	

YOUR VEHICLE	Make		Model	
	Colour		Reg No.	
	Fuel Type		Fuel Capacity	

VEHICLE EQUIPMENT	No. of Front Recovery Points		No. of rear Recovery Points		GPS	
	Standard Suspension		Lifted Suspension		Snorkel Fitted	
	Diff Lock – Front		Diff Lock – Centre		Diff Lock – Rear	

TYRES	Road		All Terrain		Mud Terrain	
	Make of Tyre		Model of Tyre		Tyre Size	

OTHER EQUIPMENT	Axe		Long Handle Shovel		Snatch Strap	
	Bow Shackles X 2		TreeTrunk Protector		Jack Plate	
	Wheel Chains		Chainsaw		Hi lift Jack	
	Drag Chain		Winch Ext Strap		Snatch Block	
	Tool Kit		Air Compressor		Radiator Blind	
	First Aid Kit		Fire Extinguisher		Gloves	

WINCH	PTO		12v Elect		Hand Tirfor	
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RADIO	Your Radio Callsign			HF	
	UHF	Car mounted Antenna		HF make/model	
		Hand Held		HF Selcall	

DRIVER EXPERIENCE	Beginner	Intermediate	Advanced
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SPECIALISED SKILLS	Navigation	First Aid	Mechanical
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HEALTH ISSUES	Please advise any medical or health issues relating to you or your passengers that you believe your Trip Leaders should know about

* This form should be completed by the Member & emailed, faxed or posted to the Trip Leader *