Personal Information				
Name:				
Date of birth:				
Current address:				
Phone:				
Email:				
Hire Period: Day / Weekend / Week (Please circle)				
PLB Hire Start Date:		PLB Hire Return Date:		
Emergency Contact 1				
Name:				
Phone:				
E-mail:				
Emergency Contact 2				
Name:				
Phone:				
Email:				
Emergency Contact 3 (optional)				
Name:				
Phone:				
Email:				
Trip Information (Note: The following details will only be passed to the NZ Rescue Coordination Centre should you activate your PLB. Please fill out accurately to aid your rescue by Search and Rescue Teams				
Number in Group:	Trip Start Da	ate:	Trip Finish Date:	
Proposed itinerary for activity including activity, area, tracks, huts, dates:				

Vehicle make, model, rego, colour, and location:		
Any specific medical information e.g. allergies, medication requirements, or things rescuers should know about?		