



Toyota Land Cruiser Club Darwin

EST 1971 Darwin Northern Territory Australia

Contact: The Secretary TLCC Darwin, PO Box 42461, Casuarina, N.T.0811

secretary@tlccdarwin.com.au

www.tlccdarwin.com.au



ONLINE EXTENDED TRIP NOMINATION FORM

Trip Leaders Details

Trip Leader: _____ Residential Address: _____

Telephone: _____ AH /BH Mob 1: _____ Mob 2: _____

Emergency Contact Details

Name : _____ Residential Address: _____

Telephone: _____ AH /BH Mob 1: _____ Mob 2: _____

If I have **NOT** contacted you by _____ am /pm _____, Please try to contact me.

If unsuccessful then immediately contact the **appropriate:**

Other _____ with the information on this form.

Trip Details

Destination: _____ Grade: _____ Distance: _____ **km**

Departing From: _____ Departure Date: _____ Departure Time: _____

Returning To: _____ Return Date: _____ Return Time: _____

Special Requirements: _____

Activities to be Undertaken: (tick all appropriate activities)

Driving trip

Camping Trip

Driver training

Fishing or Boating

Bushwalking

Vehicle recovery session

Orienteering

Photography

Rock-climbing or Caving

Other: _____

Day	Date	Place From	Place To	Via	Distance
1	_____	_____	_____	_____	_____ km
2	_____	_____	_____	_____	_____ km
3	_____	_____	_____	_____	_____ km
4	_____	_____	_____	_____	_____ km
5	_____	_____	_____	_____	_____ km
6	_____	_____	_____	_____	_____ km

This form is to be filled in and submitted to the trip committee and group contact prior to embarking on the trip



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Vehicle	Travellers	Make	Model	Colour	Registration
Vehicle 1	_____	_____	_____	_____	_____
Vehicle 2	_____	_____	_____	_____	_____
Vehicle 3	_____	_____	_____	_____	_____
Vehicle 4	_____	_____	_____	_____	_____
Vehicle 5	_____	_____	_____	_____	_____
Vehicle 6	_____	_____	_____	_____	_____
Vehicle 7	_____	_____	_____	_____	_____
Vehicle 8	_____	_____	_____	_____	_____

The group has / carries

Litres of Water: _____ L Food for _____ days _____ Adults _____ Children

- | | | |
|------------------------|------------------------------|--------------------------------|
| •First Aid Kit | •First Aid Trained Person(s) | •Sufficient Recovery Equipment |
| •Compass and Map | •GPS | •Tent or Sufficient Shelter |
| •Mirror and/or Whistle | •HF or UHF Radio | •Satellite or Mobile Phone |

Party Contact Information

Mobile Phone 1: _____ Mobile Phone 2: _____

Satellite Phone 1: _____ Satellite Phone 2: _____

UHF Call sign 1: _____ Channel/Frequency: _____

UHF Call sign 2: _____ Channel/Frequency: _____

HF 1: Selcall: _____ VKS737 / HFoZ / HF Club / Radtel / Other: _____

HF 2: Selcall: _____ VKS737 / HFoZ / HF Club / Radtel / Other: _____