

To: _____

License Plate: _____



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION



DIVISION OF LANDS & FORESTS

Welcome

Welcome to New York State's Public Forest Land. To help you preserve these lands for your enjoyment and those that follow you, please observe the following regulations:

WATER SUPPLY: Boil all drinking water at least five minutes before use. Do not wash dishes or yourself in any body of water. Soap, even biodegradable types, can be forms of pollution.

HUMAN WASTES: If there are no toilets nearby, select a site at least 150 feet from any stream or body of water, dig a trench 6 inches deep and cover completely.

FIRES: Be careful with fires, and be sure your fire is completely extinguished before leaving camp. No fire may be left unattended.

LITTER: Leave your campsite as clean as you would like to find it. If you carry it in Carry it out!

TREES & VEGETATION: Do not cut or deface standing live or dead trees.

CAMPING: A permit is required if camping on state land in one location for a period exceeding 3 nights or in a group of 10 or more. Camping is allowed on designated sites or at least 150 feet from any road, trail or water.

SAFETY: All boats and canoes must carry a Coast Guard approved floatation device for each person on board.

NOISE: Avoid yelling, loud music and other noise which disrupts the natural peace and quiet and may disturb others.

Turn over for Emergency Information

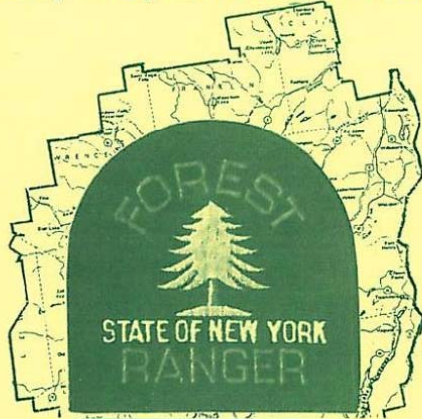
Enjoy your visit

KEEP THIS HALF WITH YOU ON YOUR TRIP

CLIP CLIP CLIP

POST THIS HALF NEAR TELEPHONE AT HOME OR CAMP

Keep These Numbers . . . They May Save Your Life!



TO REPORT

**FOREST FIRES LOST PERSONS
BACKCOUNTRY ILLNESS OR INJURY
• FOREST RANGER DISPATCH •
(518) 891-0235**

YOUR LOCAL RANGER IS:



Emergency Backcountry Search & Rescue Report



TO REPORT

**FOREST FIRES LOST PERSONS
ILLNESS OR INJURY
• FOREST RANGER DISPATCH •
(518) 891-0235**

Name _____ LOST INJURED

Age _____ Sex _____ Weight _____

Place Last Seen _____

When _____

Next of Kin _____ Tel. # _____

Previous Medical History _____

On Medication? _____ Yes _____ No

What Kind? _____

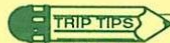
Time of Injury/Illness _____

Mechanism of Injury:	Type of Injury:
___ Fall from height (above 10 feet)	___ Unconscious
___ High speed crash (skiing, sliding on ice)	___ Seizure
___ Slow fall while walking	___ Simple Sprain
___ Excessive heat or cold	___ Chest Pain
___ Sudden unexplained illness	___ Apparent Fracture
	___ Excessive Bleeding
	___ Head Injury
	___ Internal Injury

Plan of Action _____

Name of Group Leader _____

Comments _____



Don't Forget to Bring a Pen/Pencil



Backcountry Trail Registers Are for Your Safety. Be Sure to Sign In and Out!

KEEP THIS HALF WITH YOU ON YOUR TRIP

CLIP CLIP CLIP

FILL OUT AND POST THIS HALF NEAR TELEPHONE BEFORE YOU LEAVE HOME ON YOUR TRIP.

Backcountry Trip Planner

I. WHERE I AM GOING:

Adirondacks _____

Other _____

My Backcountry Destination will be: _____

II. WHO I AM WITH:

I will be traveling with _____ person(s)

The Trip Leader's name is _____

III. WHEN I'LL BE HOME:

I expect to be back home on:

Day _____ Date _____ Time _____ am/pm

IV. VEHICLE INFORMATION:

The vehicle I am traveling in is a: Year _____ Make _____

Model _____ Color _____ Lic. No. _____

V. BASIC OUTDOORS CHECKLIST

I have these items with me (check):

___ Flashlight	___ Energy Food	___ Whistle
___ Matches	___ Emergency Shelter	___ Windbreaker
___ Map	___ Water Bottle	___ Medication (name)
___ Compass	___ Knife	_____

**I will call if I am late getting home or if I change my plans.
IN CASE OF EMERGENCY OR
IF I AM NOT BACK HOME ON TIME,
PLEASE NOTIFY THE FOREST RANGERS AT**

518-891-0235