**Outdoors Pursuits Location & Activities Information**

|  |  |
| --- | --- |
| **Organisations Name** |  |
| **Head Office Address** |  |
| **Contact Phone Numbers** | 1st 2nd 3rd |
| **Area of Operations** |  |
| **Main Contact Person**  **This is for information updates** | Name: Phone: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location of Activity**  **Name & Local Name** | **GPS**  **Degrees – Decimal Minutes**  **At the location of the activity** | **Type of Activity**  **Water – Kayaking – Rafting - Climbing etc** | **Road Access Yes/No** | **Road Name** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ratio Instructors**  **to Participants** | **Is there 1st**  **Aid Kits on Site** | **Is There Radio/Cellphone**  **contact on Site Yes/No State** | **Is There an Area Nearby Suitable for a Helicopter - GPS** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |

|  |
| --- |
| **Other Information That You Feel Maybe Be Relevant:** |

* Fill out one section for each location.

Once Completed Please Email to: [airdesk@stjohn.org.nz](mailto:airdesk@stjohn.org.nz)

Any questions please phone: **0278012803**

**St John Ambulance National Air Desk**