Mountain Climbing Registration Form

To the Governor of Ishikawa Prefecture

I am submitting this form in accordance with Clause 1, Article 6 of the Ishikawa Ordinance for the Prevention of Accidents due to Volcanic Disasters on Mount Hakusan

Date of Submission Year Month Day

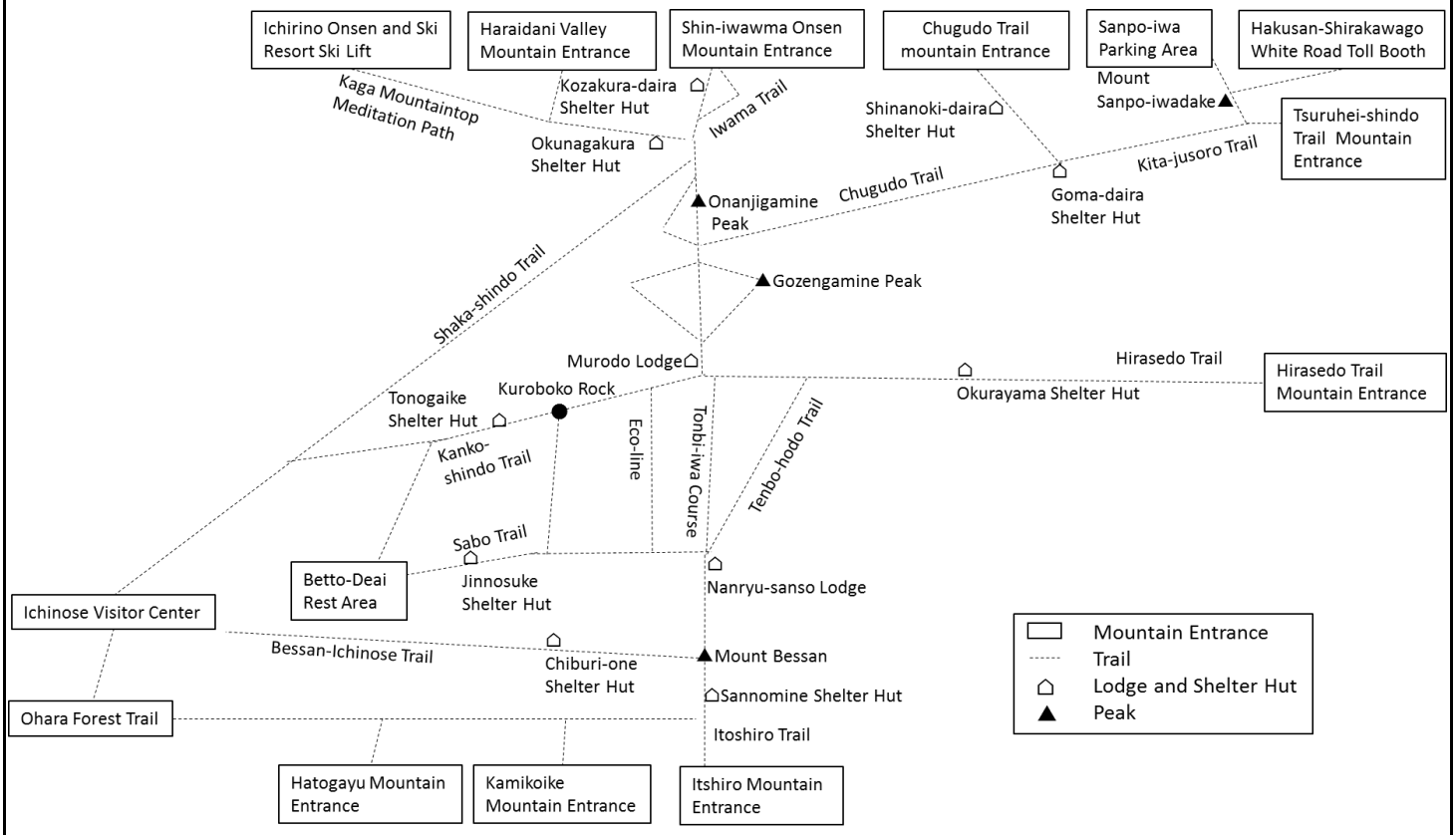
Name of Submittee (Group Representative)	Sex: Male ・ Female (years of age)	Address	Nationality/Region
Contact Information	Cell Phone: – –	Emergency contact number: – –	Relationship to submittee : ( )
Climb Schedule	Start of Climb Year Month Day Hour ～	Planned Time of Descent Year Month Day Hour	Number of Climbers:

Equipment ※Put a check mark next to any items you'll be bringing

- ☐ Map
- ☐ Compass
- ☐ Thermal Gear
- ☐ Watch/Timekeeper
- ☐ Rain Gear
- ☐ Flashlight
- ☐ Emergency Supplies
- ☐ Tent
- ☐ Helmet
- ☐ Cell Phone
- ☐ Handheld Radio
- ☐ Mobile Battery
- ☐ Wireless Tranceiver (Frequency: MHz)
- ☐ Food Supplies for _____ days
- ☐ Water Supplies for _____ days
- ☐ Other ( )

Name	Sex	Age	Address		Emergency Contact Number (Relationship to climber)
	Male・Female		Nationality /Region		– – ( )
	Male・Female		Nationality /Region		– – ( )
	Male・Female		Nationality /Region		– – ( )
	Male・Female		Nationality /Region		– – ( )
	Male・Female		Nationality /Region		– – ( )
	Male・Female		Nationality /Region		– – ( )
	Male・Female		Nationality /Region		– – ( )

Climing Route Indicate your route with arrows and accommodation date next to the Lodge or Shelter Hut



Additional notes (Please provide any additional information such as: name of mountaineering organization, whether or not you're enrolled in climber's insurance, etc.)