

Governor of Gifu Prefecture

Mountain Climbing Notification (for Summer and Fall)

Submission date: (yyyy / mm / dd) Time: (AM / PM)

This notification is submitted in accordance with the provisions of Article 5, Section 1 regarding the prevention of mountaineering accidents in the Northern Alps Zone and Active Volcano Zone of Gifu Prefecture.

Name, gender, and age of submitter	()		Address and telephone number	Address: Landline telephone: - - Mobile telephone: - -	
	Gender: M / F (Age:) <small>*more than 1 person write 2nd person on the reverse side.</small>		Emergency contact information	Name and relationship Landline telephone: - - Mobile telephone: - -	
Start climbing on:	Date (yyyy/mm/dd): / /	Mountain-climbing route	Mountain entrance		Waypoints
Return on:	Date (yyyy/mm/dd): / /		[] ~ []		[] ~ []
Additional days:	days (returning on)		[] ~ []		[] ~ []
Purpose of mountain climbing	Mountaineering group membership overview		Group name ()		Contact number (- -)
Provisions and drinking water	days' worth Carried provisions (Yes, days' worth / No)		Mountain climbing trip (diagram) Indicate your route with arrows and enter overnight stays in the (/). 		
Means of communication	Yes / No (Wireless: Hz) (Mobile phone:)				
Mountaineering insurance (provider)	Yes / No				
Lodging	Cabin / Tent				
Equipment					
· Crampons	(Yes / No)				
· Pick-axe	(Yes / No)				
· Tent	(Yes / No) (Color:)				
· Snow gear	(Yes / No) (Color:)				
· Backpack	(Yes / No) (Color:)				
· Rain gear	(Yes / No) (Color:)				
· Helmet	(Yes / No) (Color:)				
· Other	()				
Legend	Vehicular road Mountain path Mountain entrance/exit Summit Overnight (mm/dd)				

Note: In the "purpose of mountain climbing" space, write something specific, such as mountain climbing, river trekking, or rock climbing.

