TOUR AND ACTIVITY PLAN

Date		For office use					
Pack Troop	o/team 🖵 Crew/Ship 🖵 Con Chartered organization	Tour and activity plan No Date received					
				Date reviewed			
	or activity						
· ·	e)						
	to						
(Note: Speed or extional page if more	uired that the following informa cessive daily mileage increases t e space is required. Include deta clude maps for wilderness travel a	he possibility of accidents.) <i>I</i> iled information on campsit	Attach an addies, routes, and	Council stamp/signatures			
Date	Tra	avel	Mileage	Overnight stopping place			
Dute	From	То	Willeage	(Check if reservations are cleared.)	/		
Type of trip: 📮 🛭	Day trip 🔲 Short-term camp (l	less than 72 hours) 🔲 Oth	ner (OA Weeken	d, etc.)			
□ ι	ong-term camp (longer than 72 h	nours) 📮 High-adventure	activities \Box	High-adventure base			
Party will consist of	of (mumala au).	Party will travel by (check a					
_ ·	nale Youth—female	Car Bus		☐ Plane ☐ Van ☐ Boat			
Adults—n				Triane Triane Total			
BSA Youth Protect activities. Youth Pro		ed adult who has completed ears from the date completed	BSA Youth Prote	ies. All registered adults must have compl ection training must be present at all events			
-		•	on				
				Member No			
				Zip code			
•				Youth Protection training date			
	der name(s) (minimum age 18, or			routi i rotection training date			
			on				
		· · · · · · · · · · · · · · · · · · ·		Member No.			
				Zip code			
				Youth Protection training date			
· · · · · · · · · · · · · · · · · · ·	Emai additional names and informati			routh Protection training date			
_							
Our travel equip	pment will include a first-aid kit a	nd a roadside emergency kit.					
The group will I	have in possession an <u>Annual He</u> a	alth and Medical Record for e	every participan	t.			
permissions are s	ecured, health records have be	een reviewed, and adult lea	ders have read	y, qualified and trained supervision is in pode and are in possession of a current copolived before the tour or activity date.			
Signatur	e: Committee chair or chartered organization repr	esentative		Signature: Adult leader			
Unit single point a	of contact (not on tour)						
Name		hone Ei	mail				



ioui invoive.	Wildern Shooting	ess or backcou			Wilderness Use P			rinciples of Leave 				
climbing/rapp agency to me Outdoor Orie	pelling is inclu et Safety Aflo entation (BALC	ded, then <u>Clin</u> <u>at</u> and <u>Climb (</u> <u>OO)</u> . At least or	nb On : On Safe ne adult	Safely mu ely guideli t must hav	ist be followed. A nes. At least one	it least on adult on a nning and	e person pack ov Preparii	must be current ernighter must h ng for Hazardous	t in CPR/AED fro ave completed <u>I</u> s Weather training	to be followed. If om any recognized Basic Adult Leader ng for all tours and ntry tours.		
		Expirat	ion dat	e of comm	itment card/trainiı	ng (two ye	ars from o	completion date)				
	Name	Age		outh tection	Planning and Preparing for Hazardous Weather	BAL (n expira	0	Climb On Safely	Safe Swim Defense	Safety Afloat		
	Name	Age	ge CPR Certifica				piration te	First-Aid Certification/Agency		First Aid Expiration Date		
	Name Age				NRA Instructor and/or RSO							
		No □ Rifle □ Shotgun □ Pistol (Venturing only) □ Range Safety Officer □ Muzzle-loading rifle □ Muzzle-loading shotgun										
			No		☐ Rifle ☐ Shoto	otgun 🗖 Pistol (Venturing only) 📮 Range Safety Officer ing rifle 📮 Muzzle-loading shotgun						
that arises ou	it of an officia	al Scouting ac	tivity a	s defined		Safe Scou	<u>iting.</u> Vo	lunteers, units, c	hartered organ	property damage izations, and loca ISK.		
insurance req travel outside to carry 10 or	uirement of the the United S more passeng	ne state in whi tates. It is reco gers is require	ch the sommend to have	vehicle is I ded, howe ve a \$500,	licensed and com ever, that coverag	iply with o ge limits a ngle limit.	or exceed are a \$100 In the ca	the requirement 0,000 combined use of rented veh	ts of the country single limit. Any icles, the require	neet or exceed the		
					people (includin pplies to drivers o					cial driver's license		
					t carry a public li n additional page				ity insurance po	licy that complies		
Name						CDL	expires _					
Name						CDL	expires _					
		YEAR	NUMBER OF SAFETY BELTS	DRIVER/OWNER	LICENSE	VALID DRIVER'S	LIAB	ILITY INSURANCE CO	OVERAGE			
MAKE	MODEL					LICENSE (Y or N)		Combined Single Li	mit			