TOUR AND ACTIVITY PLAN

| Part Troop/deam Crew/Ship Contingent unit/crew Date received Date | Date | | | | | For office use | | |
|--|--|--|---|--------------------------------|--------------|--------------------------------------|-----------------------|-----|
| Date reviewed Date reviewed | ☐ Pack ☐ Troop/tea | m 🖵 Crew/Ship 🖵 Con | Date received | | | | | |
| Description of tour or activity From (city and state) Lo | | | | | | | | |
| Description of tour or activity From (city and state) | | | | | | Date reviewe | a | |
| Total days timerary: It is required that the following information be provided for each day of the tour. Note: Speed or excessive daily mileage increases the possibility of accidents). Attach an additional page if more space is required. Include detailed information on campsites, routes, and loat plans, and include maps for wilderness travel as required by the local council. Date | | | | | | | | |
| To Total days tinerary: It is required that the following information be provided for each day of the tour. Note: Speed or excessive daily mileage increases the possibility of accidents) Attach an additional page if more space is required. Include detailed information on campsites, routes, and load plans, and include maps for wilderness traved as required by the local council. Duke | • | • | | | | | | |
| Council stamp/signatures Council stamp/signa | | | | | | | | |
| Date From: To | (Note: Speed or excessi tional page if more spa | ve daily mileage increases t ace is required. Include deta | he possibility of ac illed information o | cidents.) Atta n campsites, | ch an addi- | Coun | cil stamp/signatures | |
| Party will consist of (number): Party will travel by (check all that apply): High-adventure base High- | Date | Tra | | Mileage | | | | |
| Long-term camp (longer than 72 hours) | Dute | From | То | | Willedge | (Check if reservations are cleared.) | | |
| Long-term camp (longer than 72 hours) | | | | | | | | |
| Long-term camp (longer than 72 hours) | | | | | | | | |
| Long-term camp (longer than 72 hours) | | | | | | | | |
| Party will consist of (number): Youth—male | | | | | | | | |
| | 🖵 Long- | term camp (longer than 72 h | nours) 🖵 High-a | adventure act | ivities 📮 | High-adventure | e base | |
| | Party will consist of (nu | ımher): | Party will travel k | v (check all th | nat apply): | | | |
| Adults—male Adults—female Other Leadership and Youth Protection Training: Boy Scouts of America policy requires at least two adult leaders on all BSA activities. Coed Venturing crews must have both male and female leaders older than 21 for overnight activities. All registered adults must have completed BSA Youth Protection training is valid for two years from the date completed BSA Youth Protection training is valid for two years from the date completed. Adult leader responsible for this group (must be at least 21 years old): Name Age Scouting position Address Member No City State Zip code Phone Email Youth Protection training date Assistant adult leader name(s) (minimum age 18, or 21 for Venturing crews): Name Age Scouting position Address Member No City State Zip code Phone Email Youth Protection training date Address Age Scouting position Address Member No City State Zip code Phone Email Youth Protection training date Address Age Scouting position Address Member No Tip code | · · | | | | | ☐ Plane | ☐ Van ☐ B | oat |
| Leadership and Youth Protection Training: Boy Scouts of America policy requires at least two adult leaders on all BSA activities. Coed Venturing crews must have both male and female leaders older than 21 for overnight activities. All registered adults must have completed BSA Youth Protection training. At least one registered adult who has completed BSA Youth Protection training must be present at all events and activities. Youth Protection training is valid for two years from the date completed. Adult leader responsible for this group (must be at least 21 years old): Name | | | | | | | | |
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| NameAgeScouting position | BSA Youth Protection to activities. Youth Protection | <u>raining</u> . At least one register ion training is valid for two yo | ed adult who has co ears from the date o | ompleted BSA | | | | |
| Address | - | | • | ting position | | | | |
| City | | | | | | | | |
| PhoneEmail | | | | | | | | |
| Assistant adult leader name(s) (minimum age 18, or 21 for Venturing crews): Name Age Scouting position Member No Address Member No City State Zip code Phone Email Youth Protection training date Attach a list with additional names and information as outlined above. Our travel equipment will include a first-aid kit and a roadside emergency kit. The group will have in possession an Annual Health and Medical Record for every participant. We certify that appropriate planning has been conducted using the Sweet 16 of BSA Safety, qualified and trained supervision is in place permissions are secured, health records have been reviewed, and adult leaders have read and are in possession of a current copy of Guide to Safe Scouting and other appropriate resources. Any items needing attention will be resolved before the tour or activity date. Signature: Committee chair or chartered organization representative Signature: Adult leader | • | | | | | - | | |
| NameAgeScouting position | | | | | • | outili lotection | training date | |
| Address | | | | | | | | |
| City | | | • | | | | | |
| PhoneEmailYouth Protection training date | | | | | | | | |
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| Unit single point of contact (not on tour) | permissions are secur | ed, health records have be | een reviewed, and | l adult leade | rs have read | d and are in po | ssession of a current | |
| | Signature: Com | mittee chair or chartered organization repr | resentative | _ | | Signature: Adult | leader | |
| | Unit single point of se | ntact (not on tour) | | | | | | |
| Name Phone Email | Name | | hono | Emai | ı | | | |



| Toda myorve. | SWIMMI Wildern Shootin | ess or backcou | | | | | pnts (attach Flying principles of Leav ——— | | | | |
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| climbing/rapp agency to me Outdoor Orie | pelling is inclu et Safety Aflo entation (BALC | ded, then <u>Clir</u> at and <u>Climb</u> OO). At least or | nb On Sa On Safel ne adult i | afely mu y guideli must hav | ist be followed. A nes. At least one a re completed <u>Plar</u> | t least one pers adult on a pack aning and Prepa | on must be currer overnighter must l | nt in CPR/AED fron Nave completed I <mark>s Weather</mark> traini | e to be followed. I om any recognized Basic Adult Leade ng for all tours and ntry tours. | | |
| | | Expirat | ion date | of comm | itment card/trainiı | ng (two years fro | n completion date) | | | | |
| | Name | Age | 1 | uth ection | Planning and Preparing for Hazardous Weather | BALOO (no expiration) | Climb On Safely | Safe Swim Defense | Safety Afloat | | |
| | | | | | | | | | | | |
| | Name Age | | CPR Certification/Agency | | CPR Expiration Date | First-Aid Certi | First-Aid Certification/Agency First A Expiration | | | | |
| | | | | | | | | | | | |
| | Name | | | NRA Instructor and/or RSO | | | | | | | |
| | | | No | | | gun 📮 Pistol (Ve g rifle 📮 Muzzle | | ng only) 🔲 Range Safety Officer ing shotgun | | | |
| | | | No | | ☐ Rifle ☐ Shoto | gun 📮 Pistol (Ve g rifle 📮 Muzzle | □ Pistol (Venturing only) □ Range Safety Officer □ Muzzle-loading shotgun | | | | |
| that arises ou | ut of an officia | al Scouting ac | tivity as | defined | by the Guide to | Safe Scouting. | | chartered organ | r property damage nizations, and loca RISK. | | |
| insurance req travel outside to carry 10 or | uirement of the the United S more passen | ne state in whi tates. It is reco gers is require | ch the venmend to have | ehicle is l ed, howe e a \$500, | licensed and com ever, that coverac 000 combined sir | ply with or exce ge limits are a \$ ngle limit. In the | ed the requireme 100,000 combined | nts of the countr I single limit. An nicles, the requir | neet or exceed the y of destination fo y vehicle designed ement of coverage rented vehicle. | | |
| If the vehicle (CDL). In some | to be used is o | designed to ca ornia, for exam | rry more ple), this | than 15 | people (includin | g the driver), th | e driver must have ned to carry 10 or | e a valid commei more people. | cial driver's license | | |
| All vehicles u with or excee | sed in travel odds the require | outside the Ui ments of that | nited Sta country. | tes must Attach a | t carry a public li n additional page | ability and prop | erty damage liab required. | lity insurance po | olicy that complie | | |
| Name | | | | | | CDL expire | s | | | | |
| Name | | | | | | CDL expire | S | | | | |
| | | | BELTS | | DRIVER/OWNER | VALID DRIVER'S LICENSE (Y or N) | I LIA | BILITY INSURANCE CO | OVERAGE | | |
| MAKE | MODEL | YEAR | NUMBER OF SAFETY BELTS | SE | | | Combined Single L | imit | | | |
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