TOUR PLANNING WORKSHEET

For office use
Tour plan No. _____ Date received _____ Date reviewed _____

Date _____

❑ Pack ❑ Troop/team ❑ Crew ❑ Contingent unit/crew Unit No. _____ Chartered organization _____

Council name/No. _____/_____ District _____

Purpose of this trip is _____

From (city and state) _____ to _____

Mileage round trip _____ Dates _____ to _____ Total days _____

Itinerary: 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 float plans, and include maps for wilderness travel as required by the local council.

Date	Travel		Mileage	Overnight stopping place (Check if reservations are cleared.)	✔
	From	To			

Type of trip: ❑ Day trip ❑ Short-term camp (less than 72 hours) ❑ Other (OA Weekend, etc.) _____
❑ Long-term camp (longer than 72 hours) ❑ High-adventure activities

Party will consist of (number):
____ Cub Scouts ____ Boy Scouts ____ Varsity Scouts
____ Venturers—male ____ Venturers—female
____ Adults—male ____ Adults—female 0 Total

Party will travel by (check all that apply):
❑ Car ❑ Bus ❑ Train ❑ Plane
❑ Canoe ❑ Van ❑ Boat ❑ Foot
❑ Bicycle ❑ 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**. 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 _____ Age _____ Scouting position _____ Expiration date _____

Address _____ Member No. _____

City _____ State _____ Zip code _____

Phone _____ E-mail _____ Youth Protection training date _____

Assistant adult leader name(s) (minimum age 18, or 21 for Venturing crews):

Name _____ Age _____ Scouting position _____ Expiration date _____

Address _____ Member No. _____

City _____ State _____ Zip code _____

Phone _____ E-mail _____ 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.

_____ Committee chair or chartered organization representative

_____ Adult leader

Unit single point of contact (not on tour) name _____ Telephone _____

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