TOUR AND ACTIVITY PLAN

Date		For office use					
Pack II Troc	pp/team 📮 Crew/Ship 📮 Con _ Chartered organization	Tour and activity plan No Date received					
				Date reviewed			
	r or activity						
· ·	te)						
Dates	to						
(Note: Speed or extional page if mo	quired that the following informa xcessive daily mileage increases t re space is required. Include deta clude maps for wilderness travel a	he possibility of accidents.) At all all the hill he had a siled information on campsite	ttach an addi- s, routes, and	Council stamp/signatures			
Date	Tr	avel	Mileage	Overnight stopping place (Check if reservations are cleared.)			
Dute	From	То	Mileage	(Check if reservations are cleared.)			
				d, etc.)			
	Long-term camp (longer than 72 l	nours) 🔲 High-adventure a	activities \Box	High-adventure base			
Party will consist	of (number):	Party will travel by (check al	l that apply):				
I	nale Youth—female	Car Bus		🗖 Plane 📮 Van 📮 Bo	at		
Adults—					u t		
Venturing crews r BSA Youth Protect activities. Youth Pr	nust have both male and female	leaders older than 21 for oved adult who has completed Eears from the date completed.	ernight activiti SA Youth Prote	two adult leaders on all BSA activities ies. All registered adults must have con ection training must be present at all eve	npleted		
-		•	ın.				
				Member No			
				Zip code			
•				outh Protection training date			
	der name(s) (minimum age 18, or		'				
			ın				
		•		Member No.			
				Zip code			
				outh Protection training date			
-	additional names and informati		¹	routh Protection training date			
_							
	ipment will include a first-aid kit a						
The group will	have in possession an Annual He	alth and Medical Record for ev	very participan	t.			
permissions are	secured, health records have be	een reviewed, and adult lead	ders have read	 y, qualified and trained supervision is idea and are in possession of a current of living the supervision of a current of living the supervision of a current of living the supervision of			
Signatu	ıre: Committee chair or chartered organization repr		Signature: Adult leader				
Unit single point	of contact (not on tour)						
Name		hone Em	nail				



Activity Star	Shooting	g 🖵 O1	her (spe	ecify)	Wilderness Use P					e to be followed.
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 S On Safe ne adult	Safely mu Iy guideli must hav	ist be followed. A nes. At least one	t least on adult on a nning and	e person pack ov l Prepari i	must be curren ernighter must h ng for Hazardou	t in CPR/AED fro lave completed <u>i</u> <u>s Weather</u> traini	om any recognize Basic Adult Leade ng for all tours and
		Expirat	ion date	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		CPR Certification/Agency		CPR Exp Da				First Aid Expiration Date	
	Name		NRA Instructor and/or RSO							
				No □ Rifle □ Shotgun □ Pistol (Venturing only) □ Range Safety Officer □ Muzzle-loading rifle □ Muzzle-loading shotgun						
			No			ifle □ Shotgun □ Pistol (Venturing only) □ Range Safety Officer ⁄uzzle-loading rifle □ Muzzle-loading shotgun				
that arises or	ut of an officia	al Scouting ac	tivity as	defined		Safe Scou	<u>iting.</u> Vo	lunteers, units, o	chartered organ	property damag lizations, and local ISK.
INSURANCE All vehicles I insurance req travel outside to carry 10 or	MUST be cover uirement of the the United Sommer passence	ered by a liab ne state in whi tates. It is reco gers is require	ility an ch the v ommend d to hav	d proper vehicle is ded, how ve a \$500,	ty damage insulicensed and comever, that coverage	rance pol ply with o ge limits a ngle limit.	icy. The or exceed ore a \$10 In the ca	amount of this c the requiremen 0,000 combined use of rented veh	coverage must n ts of the country single limit. An icles, the requir	neet or exceed th y of destination fo y vehicle designe ement of coverag
					people (includin pplies to drivers o					cial driver's licens
					t carry a public li n additional page				ity insurance po	olicy that complie
Name						CDL	expires _			
Name						CDL	expires _			
			BELTS		DRIVER/OWNER	LICENSE	VALID DRIVER'S	LIAE	BILITY INSURANCE CO	OVERAGE
MAKE	MODEL	YEAR	NUMBER OF SAFETY BELTS	LICENSE (Y or N)				Combined Single Li	imit	