

Troop 321 Outings Plan

This outline must be completely filled out and signed by the SPL and SM prior to the trip being presented to the Troop.

Outing Name: _____

Date of Outing: _____ Location: _____ Campsite: _____

Purpose/Skills Involved: _____

A. Pre-trip requirements:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Budget | <input type="checkbox"/> Tour Permit |
| <input type="checkbox"/> Registration form | |
| <input type="checkbox"/> Camping Location | |
| <input type="checkbox"/> Activities/Itinerary | |

B. Adult Leadership:

First Adult: _____ CPR/FA Second Adult: _____ CPR/FA

Third Adult: _____ CPR/FA Fourth Adult: _____ CPR/FA

C. Scout Leadership:

SPL: _____ ASPL: _____

PL: _____ PL: _____

PL: _____ PL: _____

Chaplain Aide _____ QM: _____

D. Transportation

Driver: _____ Driver: _____

Driver: _____ Driver: _____

Trailer pulled by: _____

Departure Time: _____ Departure Location: _____ Arrival time: _____

Return Time: _____ Return Location: _____

E. Location

Mapquest Directions Needed: ___ yes ___ no Printed: ___ yes ___ no

F. Equipment

Personal: special needs? _____

Troop: Propane Charcoal Cleaning supplies Paper Towels

First Aid Kit: ___ yes ___ no

G. Food/Menu Planning:

Menu planned by patrols: Lazy Blue Beaver Snipe

Grubmaster: Lazy _____ Blue Beaver _____ Snipe _____

Duty Rosters complete Lazy Blue Beaver Snipe

H. Safety:

Nearest hospital _____ Phone of hospital: _____

Leaders numbers emailed to parents: ___yes ___ no

I. Program

- Program outline attached
- Troop meeting teaching schedule attached
- Any special equipment needed, if so, what: _____
- Contingency plan if bad weather? _____

SPL approved: _____

Date: _____

SM approved: _____

Date: _____

Adult going: _____

Date: _____

Adult going: _____

Date: _____