



Trip Sponsor

Address of Sponsor

Post Office

INFORMATION PACKAGE
for

Trip Name & Location

Date

Please read this material carefully. If you have any questions,

Call _____ at _____.

TRIP NAME..... DATE.....

CREW MEMBERS

NAME

PHONE

.....
.....
.....
.....
.....

ROUTE TO AND FROM TRIP

DEPARTURE DATE..... TIME.....

DEPARTURE PLACE.....

ROUTE TO START OF TRIP

RETURN DATE..... TIME.....

RETURN PLACE.....

LOST, SEPARATION, OR EMERGENCY PROCEDURE:

TOUR PERMIT NUMBER.....DATE ISSUED.....

ESTIMATED TOTAL COST: \$.....

CREW EQUIPMENT:

TRIP MENU

DAY.....

BREAKFAST

LUNCH

DINNER

DAY.....

BREAKFAST

LUNCH

DINNER

DAY.....

BREAKFAST

LUNCH

DINNER

DAY.....

BREAKFAST

LUNCH

DINNER

ALL PURPOSE PERSONAL EQUIPMENT LIST

UNDERGARMENTS

☐ Undershirts
☐ Underpants
☐ L.J. Tops
☐ L.J. Bottoms
☐ Light Socks
☐ Heavy Socks

OUTER CLOTHING

☐ S.S. Sweater
☐ L.S. Sweater
☐ Unlined Windbreaker
☐ Heavy Jacket
☐ Hat
☐ Gloves
☐ Rain Gear
☐ Wind Suit
☐ Belt
☐ Bathing Suit
☐ Short-sleeve Shirts
☐ Long-sleeve Shirts
☐ Wool Shirt
☐ Short Pants
☐ Long Pants
☐ Summer Uniform
☐ Winter Uniform
☐ Scout Jack Shirt

TOILET ARTICLES

☐ Washcloth in baggie
☐ Towel
☐ Mirror (unbreakable)
☐ Toothbrush & Paste
☐ Toilet paper in bag
☐ Chap-stik
☐ Shaving Articles
☐ 2'x2' plastic cloth
☐ Feminine Hyg. Prod.

SLEEPING EQUIPMENT

☐ Sleepong Bag
☐ Waterproof Stuff Bag
☐ Bag Liner
☐ Bag Cover
☐ Sleeping Pad
☐ Ground Cloth
☐ Pajamas
☐ Blankets

FIRST AID KIT

☐ Guaze Pads
☐ Band Aids
☐ Adhesive Tape
☐ Foot Powder
☐ Mole skin pad
☐ Antiseptic
☐ Personal Medication

REPAIR KIT

☐ Safety Pins
☐ Rubber bands
☐ Shoe Laces
☐ Sewing kit
☐ Repair tape
☐ Clevis pins

SURVIVAL KIT

☐ Matches/Lighter
☐ Compass/Map
☐ Razor blade
☐ Whistle
☐ Fire Starter
☐ Candle
☐ Water purification
☐ Insect Repellent
☐ Two Dimes - *Quarters*

EATING EQUIPMENT

☐ Cook Kit
☐ Plastic bowl
☐ Plastic plate
☐ Plastic cup
☐ Knife_fork_spoon
☐ Stove
☐ Extra fuel
☐ Pot Chain
☐ Pot Grate
☐ Garbage Bags
☐ Hot Pot Tongs

FOOT WEAR

☐ Hiking Boots
☐ Totes
☐ Camp shoes
☐ Sneakers

SHELTER

☐ Tent & Fly
☐ Tarp
☐ Tent Pegs
☐ Hammock

WINTER EQUIPMENT

☐ Crampons
☐ Snow Shoes
☐ Skis (type _____)
☐ Ski pole(s)
☐ Tent frostliner
☐ Ice axe
☐ Snow fluke(s)
☐ Snow saw
☐ Snow shovel

GENERAL EQUIP.

☐ Note Book & Pencil
☐ Pack & Frame
☐ Waterproof cover
☐ Lg. plastic leaf bag
☐ Sm. clothing bags
☐ Sm. plastic bags
☐ Fish equipment
☐ Rope (size, length)
☐ 1/8" Nylon cord
☐ Sun burn lotion
☐ Flashlight
☐ Batteries/bulb
☐ Candle lantern
☐ Extra candles
☐ Watch
☐ Canteen
☐ Camera
☐ Film
☐ Knife & sharpener
☐ Axe
☐ Saw
☐ Shovel
☐ Scout Hand Book
☐ Advancement card
☐ Merit Badge pam.
☐ Sunglasses

POST TRIP EVALUATION

NAME.....

TRIP..... DATE.....

USE NUMBER SCALE 1(AWFUL)-10(PERFECT) AND EXPLAIN IN SPACE PROVIDED. USE
EXTRA SHEET OF PAPER IF NEEDED.

1-Was this trip right for your ability?

2-Were you prepared for the trip?

3-How was the food?

4-Was the crew's ability even?

5-Did the crew work well together?

6-Answer on back:

What went well?

What could be improved?

What skills do I need to improve?

What gear was not used or needed?

What gear or supplies were needed that you did not take?

What do you want to do next?

Who would like to be in a crew with next time?

PERMISSION SLIP

(Parents keep this part)

Troop _____ is going to hike/trip on _____ 19____
and will return on _____ 19____

Time leaving: _____ Time returning: _____

Cost: _____

Place meeting or leaving from: _____

Trip to: _____

If you need to contact your Scout and only in case of emergency call

Phone _____ (It may be extremely difficult to make contact, especially if hiking.)

Please detach and retain this section and return the rest of this form and any cost.

WAIVER OF RESPONSIBILITY

(Scoutmaster carries this part, one for each Scout)

Troop _____ Boy Scouts of America

Sponsor: _____

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son(s)/ward(s), namely: _____ on the activity named below, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the sponsor.

In the event of an emergency, the troop unit leader of the activity named below has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Emergency Data Sheet on file with Troop _____.

(Signature of parent or guardian and date)

ACTIVITY: _____

EMERGENCY INFORMATION (In addition to Emergency Data Sheet Information)

During the activity listed above, I can be contacted at the following phones and will accept long distance calls.

(_____) _____; (_____) _____

This Scout is highly allergic or sensitive to _____.

What, if any, medication is this Scout taking? _____.

Any special instructions for this medication? _____.

Do you want the unit leader to carry the medication?

Yes _____. No _____.

Use the back of this form for additional information and for explanation of any other problems the activity unit leader should be aware of.

Date of the latest or last tetanus shot/booster _____

MEDICAL INSURANCE INFORMATION:

Company _____.

Policy no. _____ (Control No. if group policy) _____

Other _____