

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 <u> 0 </u> Total	Party will travel by (check all that apply): <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Plane <input type="checkbox"/> Canoe <input type="checkbox"/> Van <input type="checkbox"/> Boat <input type="checkbox"/> Foot <input type="checkbox"/> Bicycle <input type="checkbox"/> Other _____
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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 _____

- Tour involves:** Swimming Boating Climbing Orientation flights (attach Flying Permit required)
 Wilderness or backcountry (must carry Wilderness Use Policy and follow principles of Leave No Trace)
 Other (specify) _____

Activity Standards: Where swimming or boating is included in the program, Safe Swim Defense and/or Safety Afloat are to be followed. If climbing/rappelling is included, then Climb On Safely must be followed. At least one person must be current in CPR/AED from any recognized agency to meet Safety Afloat and Climb On Safely guidelines. At least one adult on a pack overnigher must have completed Basic Adult Leader Outdoor Orientation (BALOO). At least one adult must have completed Planning and Preparing for Hazardous Weather training for all tours and activities. Basic First Aid is recommended for all tours, and Wilderness First Aid is recommended for all backcountry tours.

Expiration date of commitment card/training (two years from completion date)							Three-year validity	
Name	Age	Youth Protection	Planning and Preparing for Hazardous Weather	BALOO (no expiration)	Safe Swim Defense	Safety Afloat	Aquatics Supervision/Paddlecraft Safety	Aquatics Supervision/Swimming and Water Rescue
Name	Age	CPR Certification/Agency		CPR Expiration Date	First-Aid Certification/Agency		First Aid Expiration Date	
Name	Age	NRA Instructor and/or RSO						
		No. _____	<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol (Venturing only) <input type="checkbox"/> Range Safety Officer <input type="checkbox"/> Muzzle-loading rifle <input type="checkbox"/> Muzzle-loading shotgun					
		No. _____	<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol (Venturing only) <input type="checkbox"/> Range Safety Officer <input type="checkbox"/> Muzzle-loading rifle <input type="checkbox"/> Muzzle-loading shotgun					

Unauthorized and Restricted Activities: The BSA's general liability policy provides coverage for bodily injury or property damage that is made and arises out of an official Scouting activity as defined by the *Guide to Safe Scouting*. Volunteers, units, chartered organizations, and local councils that engage in unauthorized activities are jeopardizing their insurance coverage. PLEASE DO NOT PUT YOURSELF AT RISK.

INSURANCE

All vehicles MUST be covered by a liability and property damage insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed and comply with or exceed the requirements of the country of destination for travel outside the United States. It is recommended, however, that coverage limits are at least \$50,000/\$100,000/\$50,000 or \$100,000 combined single limit. Any vehicle designed to carry 10 or more passengers is required to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single limit. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle.

KIND, YEAR, AND MAKE OF VEHICLE	NUMBER OF SAFETY BELTS	OWNER'S NAME	VALID DRIVER'S LICENSE (Y or N)	All vehicles used in travel outside the United States must carry a public liability and property damage liability insurance policy that complies with or exceeds the requirements of that country. Attach an additional page if more space is required.	LIABILITY INSURANCE COVERAGE		
					Each Person	Each Accident	PROPERTY DAMAGE
					\$	\$	\$

If the vehicle to be used is designed to carry more than 15 people (including the driver), the driver must have a valid commercial driver's license (CDL). In some states (California, for example), this policy applies to drivers of vehicles designed to carry 10 or more people.

Name _____ CDL expires _____

Name _____ CDL expires _____

The local council may allow a list of the above information to be attached to or transmitted with the permit in order to expedite the process. Each unit may circle the names of the drivers for an event or an activity.

Please Fill out below **TOUR PLAN**

Council only

Pack Troop/team Crew Contingent unit/crew No. _____

Chartered organization _____

Council name/No. _____

Plan covers all travel between _____ and _____

Dates of trip from _____ to _____

Total youth _____ 0 Total adults _____ 0

Tour plan No. _____
 Date reviewed _____

 Council stamp/signatures

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			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Adult leader responsible for this group:

Name _____ Age _____ Scouting position _____ Expiration date _____

Address _____ Member No. _____

City _____ State _____ Zip code _____

Phone _____ E-mail _____ Youth Protection training date _____

Assistant adult leader:

Name _____ Age _____ Scouting position _____ Expiration date _____

Address _____ Member No. _____

City _____ State _____ Zip code _____

Phone _____ E-mail _____ Youth Protection training date _____

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

