

TROOP 29 TRIP/ACTIVITY PLANNER

Trip Name: _____

Organizers: _____ (Scout)
_____ (Leader #1)
_____ (Leader #2)

Planned Activity Type: i.e. Camping, Hiking, Museum Trip, etc. _____

Projected Start Date: _____

Projected End Date: _____

Age Group Targeted: _____

Location:

Name of Location: _____

Reservation required? Y or N

Cost of Reservation? _____

Deadline to make reservations: _____

Deadline to post on website: _____

Travel:

Cars Required? Y or N

Alternative travel type: _____

Tolls/Gas cost per car: _____

Approx. Miles away: _____

Overnight Requirements:

i.e. tent, hotel, backpacking? _____
any specialized gear required? _____
water source? _____

Food:

Individual Prepare? Y or N

Troop Prepare? Y or N

Cost per person if troop prepare: _____

Merit Badge or Rank Requirements Focus for this activity:

Any known hazards to be aware of?

Is an Itinerary printed and available to parents: Y or N

Council Sign Off:

Printed:

Signed:
