

Name of Outing:

Location:

Dates of Outing:

Outing Leader(s)	Name	Email	Phone
Leader			
Co-leader (1)			
Co-leader (2)			

Type of Outing: Backpack Car Camp Cabin Camp Bike Outing Winter Outing Other _____

Degree of difficulty:

General Description of Outing: Highlights of purpose, distance, activities, etc.

Depart	Where?	When?
Return	Where?	When?

Directions to Outing Location:

Anticipated Weather Information:

What you need to Bring:			
Clothing			
Food			
Camping Gear			
Other Equipment			
Other Outing Information (e.g. activities; special lodging; training required)			
Important Numbers	Scoutmaster	Other _____	Other _____
Troop First Aid Kit and Medical Binder Holder: _____			
Outing Approved by Committee? Yes / No		Tour Permit Approved by District? Yes / No	
Outing Fee:			