

BSA TROOP 777
TOUR PERMIT QUESTIONNAIRE

DATE OF DEPARTURE: _____ EST. DEPARTURE TIME: _____ AM/PM
DEPARTURE LOCATION: _____ DATE OF RETURN: _____
EST. RETURN TIME: _____ AM/PM. RETURN LOCATION: _____

WHAT IS THE DESTINATION & ACTIVITY? _____ DIRECTIONS TO
THE DESTINATION: _____

TYPE OF TRIP: ONE DAY _____, OVER NIGHTER _____, TOURING CAMP* _____,
SHORT TERM CAMP* _____, LONG TERM CAMP _____.

***MUST INCLUDE A COPY OF THE PROGRAM AND MENUS**

ADULT LEADER IN CHARGE: _____
ADDRESS/AGE/PHONE #: _____

ASSISTANT ADULT LEADER: _____
ADDRESS/AGE/PHONE #: _____

WHICH ADULT LEADER(S) IS/ARE TRAINED IN THE FOLLOWING:

FAST START? _____	DATE: _____
YOUTH PROTECTION TRAINED? _____	DATE: _____
SCOUTMASTER FUNDAMENTALS? _____	DATE: _____
SAFE SWIM DEFENSE*? _____	DATE: _____
SAFETY AFLOAT*? _____	DATE: _____
CPR TRAINED? _____	DATE: _____

***IF SWIMMING OR BOATING IS INCLUDED IN THE PROGRAM, SAFE SWIM
DEFENSE AND/OR SAFETY AFLOAT STANDARDS MUST BE FOLLOWED.**

HOW MANY SCOUTS WILL BE ATTENDING?: _____ HOW MANY ADULTS?: _____
HOW MANY DRIVERS/VEHICLES WILL BE REQUIRED?: _____
WHO WILL BE DRIVING?: _____ VEHICLE INFO ON FILE? _____
_____ VEHICLE INFO ON FILE? _____
_____ VEHICLE INFO ON FILE? _____

***ALL INFORMATION IS REQUIRED TO PROCESS ANY TOUR PERMIT. PLEASE
SUBMIT COMPLETE FORM TO THE ACTIVITIES CHAIR AT LEAST TWO WEEKS
PRIOR TO THE EVENT TO ASSURE PROPER PROCESSING.***

SCOUTMASTER APPROVAL: _____ DATE: _____