

CAMPOUT PLANNING FORM FOR PATROL LEADERS

Patrol: _____ DATE OF CAMPOUT: _____

LOGISTICS:

LOCATION OF CAMPOUT:

PATROL GATHERS AT (location): _____ AT: (Time) _____

DRIVERS TO:

ARRIVE CAMP LOCATION BY (time): _____ Phone # THERE: _____

PATROL RETURNS TO (location): _____ AT: (Time) _____

DRIVERS FROM: _____

ADULTS AT CAMP: _____

COST PER CAMPER: _____ PAYMENT DUE BY (date) _____

CONSENT OF SCOUTMASTER: _____

Patrol Members expected to attend:	Advancement area(s)	Permission Slip In ?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

PROGRAM AT CAMP:

Date/Time	Objective(s)	Staffing (human resources)	Equipment/Supplies Needed

Use more space as needed

Other Considerations:

- Has this Plan been communicated to those who need to know?
- Have you "checked" to see that all the pieces will be in place?
- Is the Patrol ready in all respects?
- Are there any safety concerns with this site (cliffs; water; traffic; etc.)?
- Will an adequate first aid kit be at camp?
- Does this plan meet the advancement needs of the Patrol members?
- Are there alternatives if the weather goes bad?

EVALUATION:

How did things go? What worked well? Area(s) of improvement?