APPENDIX

- 18-3 Blank meeting plan
- 18-4 Blank main event

If your unit has special interests, create a program feature using the blank meeting plan and main event.

- 18-5 Venturing Program Planning Chart
- 18-6 Budget Worksheet

Use this budget sheet to help plan the cost of a program feature.

18-7 Tour and Activity Plan

The tour plan is a checklist for best practices to be prepared for safe and fun adventure. Completing the tour plan may not address all possible challenges but can help ensure that appropriate planning has been conducted, that qualified and trained leadership is in place, and that the right equipment is available for the activity.

- 18-9 Acknowledgments
- **18-10** Photo and Illustration Credits

ANNUAL HEALTH AND MEDICAL RECORD

All participants must complete parts A and B of the Annual Health and Medical Record, No. 680-001, each year. Doing so will help ensure that the minimum standards for participation in various activities are met. Some activities will call for completion of the longer form. For the latest form and information, go to http://www.scouting.org/scoutsource/HealthandSafety/ahmr.aspx.

\land			
	Meeting Plan:		
	Week Date		
ACTIVITY	DESCRIPTION	RUN BY	/ TIME*
Preopeningminutes_before	e meeting		
Opening Cerei	nony Flag presentation Oath and Law Uniform inspection		
Group Instruct	ion • • • •		
Skills Instructi	on • • •		
	◆		
Breakout Grou	ps		
Game minutes			
Closing minutes	Announcements Leader's minute Closing		
	Total 90 minutes of mee		
After the Meet	ng Leadership team review plans for the ne the main event.	ext meeting and for	

*All times are suggested.

	M			
		Date	 I	
Logistics				\blacklozenge
			Essential Challenging Ad	vanced
Departure time:				
Return time:				
Duration of activi	ity:			
Budget: Complet	ted	Approved		
Camping: Duty re	oster	Menu		
Transportation: G	aroup	Self		
Tour and activity p	olan: Comple	eted Submitted		
Equipment Lis	.t	• • • • •		
		•		
Safety				
		No	tes	

District/Council Special Events/ Review	Meeting 3 Weekend Activity Activity												
4	MORTH Meeting 1 Mee	Sept. 2011	Oct. 2011	Nov. 2011	Dec. 2011	Jan. 2012	Feb. 2012	Mar. 2012	Apr. 2012	May 2012	June 2012	July 2012	Aug. 2012

Budget Worksheet

Item	Total Cost	Per-Person Cost
Transportation This may or may not include meals. Check insurance coverage on packs and luggage if traveling by commercial carrier.		
Lodging Include cost of overnight stops to and from your activity, includinguser fees for public campgrounds.		
Meals Each individual can pay for his or her own meals en route, or meal expenses can be pooled. Include tips and snacks.		
Training Determine cost of meals and other costs for weekend training.		
Use or Participation Fees Many public areas may charge a use fee. Include fees such as tickets for ski lifts and sporting events. Find out how much these fees are and include them here.		
Insurance Include vehicle insurance and accident and sickness insurance if not already covered.		
Equipment Purchase or Rental Include purchase or rental of equipment such as tents, snowboards and boots, paddleboards, and life jackets.		
Side Trips and Tours Include costs of any special side trips or activities that are planned.		
Promotion Include costs of mailings, postage, special hats, or T-shirts.		
Contingency Allow for any unexpected expenditures, such as a vehicle breakdown necessitating another overnight stay. Refund at the end of trip if not used.		
Total		

TOUR AND ACTIVITY PLAN

Date Pack D Troop/	/team 🖵 Crew/Ship 🖵 Cont	ingent unit/crew		[For office use	vity plan No	
Unit No (Chartered organization		Date received				
Council name/No			/			d k	
District							
Description of tour o	or activity						
From (city and state)		to					
Dates	to	То	tal days				
(Note: Speed or exce tional page if more	ired that the following informa essive daily mileage increases th space is required. Include detai ude maps for wilderness travel as	e possibility of acc led information on	idents.) Attach campsites, ro	n an addi-	Cound	il stamp/signatures	5
Date	Tra			Mileage		ernight stopping place	 ✓
	From	То		inneage	(Check i	if reservations are cleared.)	
Type of trip: Da	ay trip 🔲 Short-term camp (le	ess than 72 hours)	Dther (O	A Weekend	, etc.)		
	ng-term camp (longer than 72 h						
Party will consist of	(number):	Party will travel by	y (check all tha	t apply):			
Youth—ma	leYouth—female	Car	Bus	Train	🖵 Plane	🖵 Van 🛛	Boat
Adults—ma	ale Adults—female	Gther					
activities. Youth Prot	on training. At least one registere ection training is valid for two ye sible for this group (must be at le	ars from the date c					
Name		Age Scout	ing position				
Address					Me	mber No	
	Email				-		
	er name(s) (minimum age 18, or 2			· `			
Name		Age Scout	ing position				
	Email						
	Iditional names and information						
Our travel equip	ment will include a first-aid kit ar	id a roadside emerc	iency kit.				
	ave in possession an Annual Hea	-	•	participant			
permissions are se	ropriate planning has been cor cured, health records have be <u>ng</u> and other appropriate resourd	en reviewed, and	adult leaders	have read	and are in po	ssession of a currer	
Signature:	Committee chair or chartered organization repre	sentative			Signature: Adult	leader	
Unit single point of	contact (not on tour)						
Name	Pr	ione	Email				

BOY SCOUTS OF AMERICA®

Tour involves: Swimming Boating Orientation flights (attach Flying Plan required)

Climbina Uilderness or backcountry (must carry Wilderness Use Policy and follow principles of Leave No Trace)

Shooting 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 overnighter 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. Trek Safely and Basic First Aid are 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)									
Name	Age	Youth Protection	Planning and Preparing for Hazardous Weather	BALOO (no expiration)	Climb On Safely	Safe Swim Defense	Safety Afloat		
Name	Age	CPR Certification/Agency		CPR Expiration Date	First-Aid Certification/Agency		First Aid Expiration Date		
Name	Age	NRA Instructor an	NRA Instructor and/or RSO						
		No Rifle Shotgun Pistol (Venturing only) Range Safety Officer Nuzzle-loading rifle Muzzle-loading shotgun							
		No Rifle Shotgun Pistol (Venturing only) Range Safety Officer Muzzle-loading rifle Muzzle-loading shotgun							

Unauthorized and Restricted Activities: The BSA's general liability insurance policy provides coverage for bodily injury or property damage that 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 a \$100,000 combined single limit. Any vehicle designed to carry 10 or more passengers is required to have a \$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.

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.

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.

Name				CDL	expires					
Name CDL expires										
MAKE	MODEL	YEAR	NUMBER OF SAFETY BELTS	DRIVER/OWNER	VALID DRIVER'S	LIABILITY INSURANCE COVERAGE				
		12/01	NUM	DrivelyOwner	LICENSE (Y or N)	C L I	Combined Single Limit			

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