TOUR AND ACTIVITY PLAN

Date					For office use				
Pack Troop/team Crew/Ship Contingent unit/crew Unit No. Chartered organization						Tour and activity plan No.			
Unit No Chartered organization					Date received				
					Date reviewed	d			
	or activity								
	e)								
	to								
Itinerary: It is requivelently (Note: Speed or extended to the speed of	uired that the following informa cessive daily mileage increases tl e space is required. Include deta lude maps for wilderness travel a:	tion be provided ne possibility of ac iled information o	for <i>each day</i> o cidents.) Attao n campsites, i	of the tour. ch an addi-	Counc	il stamp/signat	ures		
Date -	Tra	Travel			Overnight stopping place				
Bute	From	То		Mileage	(Check i	f reservations are cleared	d.)		
								+	
Type of trip: 🖵 🛭	Day trip 🔲 Short-term camp (I	ess than 72 hours)	🗖 Other (OA Weekend	l, etc.)				
□ L	ong-term camp (longer than 72 h	ours) 🖵 High-	adventure acti	ivities 📮	High-adventure	base			
.	<i>(</i>	ls	(
Party will consist o	of (number): ale Youth—female	Party will travel b	by (check all th Bus		Plane	☐ Van	Про		
routn—m Adults—n						□ van	∟ Boa		
Addits—II	aleAddits—leffiale	- Other							
Venturing crews m BSA Youth Protecti activities. Youth Pro	South Protection Training: Boy just have both male and female <u>son training</u> . At least one register tection training is valid for two years hasible for this group (must be at least one of the source of the	leaders older than ed adult who has c ears from the date o	n 21 for overr ompleted BSA	night activiti	es. All registered	d adults must ha	ave com	pleted	
-		•	ting position						
-	Email				-				
	ler name(s) (minimum age 18, or 2			·	outili lottetion	training date			
	Email								
	dditional names and informati			·	outil i fotoction	training date			
	oment will include a first-aid kit ar		· ,						
	nave in possession an <u>Annual Hea</u>								
permissions are s	propriate planning has been co ecured, health records have be <u>ring</u> and other appropriate resour	en reviewed, and	l adult leadei	rs have read	and are in po	ssession of a cu	urrent c		
Signature	e: Committee chair or chartered organization repre	esentative	_		Signature: Adult	leader			
Unit single point o	of contact (not on tour)								
Name		none	Email						



climbing/rapp agency to me Outdoor Orie	pelling is include et <u>Safety Afloan</u> entation (BALC	ded, then <u>Clir</u> at and <u>Climb</u> O). At least or	nb On Safely i On Safely guic ne adult must l	cluded in the progr must be followed. A lelines. At least one have completed <u>Plar</u> ed for all tours, and <u>W</u>	t least one person adult on a pack over the contract of the co	n must be current vernighter must h <u>ing for Hazardou</u> :	t in CPR/AED fro ave completed <u>s Weather</u> traini	om any recognize Basic Adult Leade ng for all tours and
activities. <u>ITE</u>	and ba			nmitment card/traini			TIOI dii Dackcou	Titry tours.
	Name	Age	Youth Protection	Planning and Preparing for Hazardous Weather	BALOO (no expiration)	Climb On Safely	Safe Swim Defense	Safety Afloat
	Name	Age	CPR Certi	fication/Agency	CPR Expiration Date			First Aid Expiration Date
		Age	NDAL	1/ 050				
	Name		NRA Instructor and/or RSO No					
			No	☐ Rifle ☐ Shot	□ Muzzle-loading rifle □ Muzzle-loading snotgun □ Rifle □ Shotgun □ Pistol (Venturing only) □ Range Safety Officer □ Muzzle-loading rifle □ Muzzle-loading shotgun			
that arises of councils that INSURANCE All vehicles <i>I</i> insurance req travel outside to carry 10 or	at of an official engage in una MUST be cover uirement of the the United States more passenger	I Scouting act uthorized act ered by a liab e state in white tates. It is reco gers is require	tivity as defin- vities are jeop ility and prop ch the vehicle ommended, ho d to have a \$50	eneral liability insur- ed by the <u>Guide to</u> ardizing their insura perty damage insurant is licensed and compowever, that coverage 00,000 combined single- poverage carried by the	Safe Scouting. Vonce coverage. PLE rance policy. The uply with or exceed limits are a \$10 agle limit. In the constant of the safe safe safe safe safe safe safe saf	olunteers, units, of EASE DO NOT PUT amount of this of the requirement of the column o	chartered organ YOURSELF AT R overage must r ts of the countr single limit. An icles, the requir	nizations, and loc alSK. neet or exceed the y of destination for y vehicle designed ement of coverage
If the vehicle (CDL). In som	to be used is c e states (Califo	lesigned to ca rnia, for exam	rry more than ple), this policy	15 people (includin y applies to drivers c	ng the driver), the of vehicles designe	driver must have ed to carry 10 or n	a valid commer nore people.	rcial driver's licens
				ust carry a public li h an additional page			ity insurance po	olicy that complie
Name					CDL expires			
Name					CDL expires			
MAKE	MAKE MODEL YEAR S DRIVER/OWNER DRIVER'S		ILITY INSURANCE COVERAGE					
	model		SAFET	Dinveryownen	LICENSE (Y or N)		Combined Single L	imit

Boy Scouts of America Flying Plan

		tion must be submitted with or attach		plan
Unit No.:	City or town:		District:	
Applies for a plan for a	☐ Basic	□ Advanced orientation	Flight on:	
	☐ Tethered ball	oon		Date
have at least a private pilot'	s certificate, at least 250	25 nautical miles of the departure as 60 hours of total flight time, be currents, Cub Scouts, Boy Scouts, and	ent under FAR 61 to ca	arry passengers, and have a
locations before returning.	The pilot must have at larry passengers and ha	vithin 50 nautical miles of the depa least a private pilot's certificate a vave a current medical certificate u	nd 500 hours of total fl	light time. The pilot must be
_	ion to use the property	d in an open area of at least 200 has been secured. The maximum	-	-
Name of the airport where	the flight will originate	and terminate:		
	-	occur:llooning has been secured. □ Yes		
Total number of participatir	ng youth:	Total number of	of participating adults:	
☐ A tour and activity plar☐ A parent or guardian c☐ All required aircraft, ins	onsent form for each yo	outh participant is attached to this	s application.	
	nealth records have bee	nducted using the Sweet 16 of BS en reviewed, and adult leaders ha resources.		
Signature of committee cha	air or chartered organizati	ion representative	Signature of ad	dult leader
	For council use	only: Complete and return	n a copy to the un	iit.
	Official Fly	ying Plan—Boy Scout	ts of America	
Tour and activity plan nur	mber:	Date issued	d:	
Tour and activity plan had	niber.	Date issued		
		Council Stamp/Signatures/Pey	viouse	



Owner(s):
Standard airworthiness certificate category (normal/utility/etc.): Note: Only aircraft with standard airworthiness certificates may be used for orientation flights. Restricted, limited, light sport, and experimental category airworthiness certificates are not authorized. Reproduce this page as needed for additional aircraft/pilots. Insurance All aircraft owners must have at least \$1 million aircraft liability coverage, including passenger liability with sublimits of no less than \$100,000. List all insurance policies that in combination satisfy the insurance requirement. Insurance company: Amount: \$ Policy number: Expiration date: Expiration date: Experimental Aircraft Association (EAA) Young Eagle Flights (ages 8–17): For those EAA members who choose to insure at \$100,00 per passenger seat, the EAA automatically provides an additional \$1 million liability umbrella policy with sublimits of no less than \$100,000. This coverage is in effect only while participating in Young Eagle Flights. The EAA's insurance telephone number is 800-236-4800, ext. 6106. EAA member number: We strongly recommend that all orientation flights be conducted in collaboration with local EAA chapter Young Eagle Flights. To find a local chapter, visit www.eaa.org/chapters/locator. Pilot-In-Command Name: Age: Address:
Note: Only aircraft with standard airworthiness certificates may be used for orientation flights. Restricted, limited, light sport, and experimental category airworthiness certificates are not authorized. Reproduce this page as needed for additional aircraft/pilots. Insurance All aircraft owners must have at least \$1 million aircraft liability coverage, including passenger liability with sublimits of no less than \$100,000. List all insurance policies that in combination satisfy the insurance requirement. Insurance company: Amount: \$ Policy number: Expiration date: Insurance company: Amount: \$ Policy number: Experimental Aircraft Association (EAA) Young Eagle Flights (ages 8–17): For those EAA members who choose to insure at \$100,00 per passenger seat, the EAA automatically provides an additional \$1 million liability umbrella policy with sublimits of no less than \$100,000. This coverage is in effect only while participating in Young Eagle Flights. The EAA's insurance telephone number is 800-236-4800, ext. 6106. EAA member number: We strongly recommend that all orientation flights be conducted in collaboration with local EAA chapter Young Eagle Flights. To find a local chapter, visit www.eaa.org/chapters/locator. Pilot-In-Command Name: Age: Address:
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Pilot-In-Command Name: Age: Address:
Name: Age: Address:
Address:
Address:
City: State: Zin code:
Oity ZIP Code ZIP Code.
Phone: Email:
Type of pilot certificate: (Attach a copy of current pilot certificate. Balloon pilots must hold a commercial certificate
Ratings:
Pilot medical certificate:
Medical valid until: (date)
Limitations:
Pilot's total number of flight hours: (250 hours minimum for basic orientation flights; 500 hours minimum for advanced orientation flights)
Balloon pilot's total number of flight hours: (100 hours minimum)



Notes and FAQs for Completing Flying Plan

Tour Leader

You are responsible for completing the tour and activity plan and this application as required by the local council, obtaining parental consent for all participants, and gathering required insurance information and support material from the aircraft owner and pilot. Tour leaders are responsible for obtaining approval by unit leadership. Tour leaders must submit completed applications to the council at least two weeks in advance of the activity. Councils may require additional time for special activities, and unit leaders completing this application should plan accordingly.

Pilot, Aircraft Owner, and Insurance Information

Attach additional copies of this information for each aircraft or balloon that will be used, each pilot-in-command, and applicable insurance information. Pilot information must include copies of the pilot's current certificate and medical certificate.

Parents/Guardians

A consent form, No. 680-673, for each participant under 21 years of age must be completed by the youth's parent or guardian.

Local Council Office Checklist

Review that all requested information (listed below) has been provided on the application. Affix the council stamp at the bottom of page 1, and return a copy of all pages to the unit leader.

 Parent or guardian consent form for each youth participant attached to this application
 A copy of each pilot's certificate and medical certificate attached to this application
 Pilot total hours required (250 hours for basic orientation flights; 500 hours for advanced orientation flights; 100 hours for tethered ballooning)
 Aircraft or balloon insurance requirements satisfied
 Tour and activity plan completed

Tethered balloon guidelines and FAQs can be found here.

FAQs

- Q: My pilot certificate number is my Social Security number. May I strike through it or white it out on the required copy?
- A: Yes. It is recognized that pilots who have not had their Social Security numbers removed from their pilot certificates may strike out the information.
- Q: Our pilot only has the new sport pilot rating. Can he be a pilot-in-command of the orientation flight?
- A: No. Sport pilot certificates are not authorized as no medical is required.
- **Q:** Our unit has been offered an orientation flight by the U.S. military, but not all the information required on the application can be obtained. May we still conduct the orientation?
- A: Commissioned officers and warrant officers of any armed service may act as pilot-in-command of a military airplane or helicopter in which they are current as the aircraft commander for either a basic or advanced orientation flight. Only the aircraft portion identifying the aircraft as military and a parent or guardian consent form for each youth participant are required.
- Q: Since we encourage Young Eagle Flights, can we utilize experimental aircraft?
- A: No. Only aircraft with standard airworthiness certificates may be used on orientation flights.
- Q: Is an aviation medical required for glider or tethered balloon pilots?
- A: Yes. For consistency, a valid medical is required.

