



Troop 214 Event Planning Form

Event: _____

Event date(s): _____ Event location: _____

Departure time and location: _____

Return time and location: _____

Event Plan: (camping, canoeing, hiking, climbing, swimming, etc.)

Route:

Adult in Charge: _____ Cell Phone # _____

Secondary Adult: _____ Cell Phone # _____

Adult	Cell Number	Training (at time of event)					IF Driver				
		Youth Protection	Weather Hazards	Safe Swim Def.	Safety Afloat	Other	Vehicle brand, model, and color	Vehicle license plate	Total Seat Belts	Can pull trailer if needed	To, From, or Round Trip (RT)

Number of Scout Participants: _____

Number of Adult Participants: _____

Number of Seat Belts Needed (incl. adults): _____

Are there enough seat belts available? _____

Adult Contact remaining in Russellville: _____ Contact Number _____