

BSA Troop 460 Trip Plan

Before departure:

- Scan & e-mail this form to entire troop
- Verify that ALL adults have YPT
- Copy & place this form in each *Trip Folder*
- Distribute *Trip Folders* to each driver

Name of Trip: _____

Brief description of trip:

Planned Departure

Day & Date
Time
Location

Planned Return

Day & Date
Time
Location

Emergency Contact at home:	Cell:	Home:
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Planned route of travel to and from: _____

Leaders/Registered Adults Attending	Cell Phone Number	YPT Date

Non-Registered Adults Attending	Cell Phone Number	YPT Date

Nearest Hospital: _____

Address: _____

Phone: _____

Nearest Urgent Care Center: _____

Address: _____

Phone: _____

Evacuation Plan: _____
