

Appendix HH CUB SCOUT OUTDOOR PROGRAM CHECKLIST

Date(s) _____ Location _____

- BSA facility Council-approved non-BSA facility

I. Administration

- | | |
|---|--|
| <input type="checkbox"/> Camp reservation made | <input type="checkbox"/> Parent permission slips |
| <input type="checkbox"/> Camp deposit/fee paid | <input type="checkbox"/> Health forms |
| <input type="checkbox"/> Local requirements | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Licenses and permits
(fishing, boat, campfire, parking, etc.) | |

II. Leadership

Event leader _____	Phone (____) _____
Assistant _____	Phone (____) _____
Program leader _____	Phone (____) _____
Assistant _____	Phone (____) _____

III. Transportation

Driver	No. of Seat Belts	Driver License No.	Auto Insurance Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Equipment hauled by _____

IV. Location

- Maps prepared _____
- Assembly location _____
- Departure time _____
- Camp arrival time _____
- Camp departure time _____
- Anticipated return time _____
- Stops en route (meal Y/N) _____

V. Equipment

- Personal equipment lists
- Program equipment
- Group
- Emergency

VI. Feeding

- Menu planned by _____
- Who buys food? _____
- Fuel supplied by _____
- Duty roster by _____
- Food storage _____

VII. Sanitation

- Special camp requirements _____

VIII. Safety

- Ranger contact _____ Phone (____) _____
- Nearest medical facility _____ Phone (____) _____
- Nearest town _____ Police number _____
- First aid/CPR-trained leaders _____

IX. Program

- Program planned
- Special program equipment needed
 - Item(s) _____ Provided by _____
 - Item(s) _____ Provided by _____
 - Item(s) _____ Provided by _____
 - Item(s) _____ Provided by _____
 - Item(s) _____ Provided by _____
 - Item(s) _____ Provided by _____
 - Item(s) _____ Provided by _____
- Rainy day activities planned

