**Name of Trip • Date of Trip**

**Plan:** We will meet at Jack-in-the-Box at 2101 Palos Verdes Drive North and drive to ( blank ), then ( blank ).   
Day 1: ( add details). Day 2: ( add details). Day 3: ( add details).

**Where:** ( Name & Address)

**When:** ( Dates of the trip.) **Leaving**: (Meeting date, time, place ) **Return**: (Meeting date, time and place.) Parents will be called if there are any major changes in arrival time. Drivers will be given maps and directions upon leaving.

**Bring: Uniform:** (Class B:Wear 658 T-shirt and hat Class A: Full uniform including belt). Bring 10 essentials and personal gear (Add details based on what is needed for the trip: Swimsuits, Camping materials, etc.).

**Food:** Patrol/cooking groups will be providing (which meals). Also bring money for lunch on the return trip. (Add in any details necessary for the trip ex. Scouts will be carrying their own food). **Menus are due (Date)**! Menus for 1st Class and below should be sent to the Trip Coordinator, SPL & Scoutmaster. Menus for Cooking MB should be sent directly to your MB Counselor & Scoutmaster.

**Fee:** $ (fee) per person. This fee includes: (details) and $(fee) to reimburse for drivers for each person and gear carried. Food costs will vary by patrol and are to be given directly to the chef. Also bring money for food when we return ($15 is more than enough).

**Questions?:** Call (Name, phone number, and email address)   
  
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**(Name of trip) - Max (#) People**

**TRIP SLIPS ARE DUE THE (date), SIGN UP ASAP!!!!**

**TRIP REGISTRATION SLIP** Scout has my permission to participate with Troop 658 on (Date) on the (Name of Trip). Any of the Troopʼs adult leaders/members has my permission to seek medical treatment for my son in case of illness or accident. I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injection or surgery for my son in accordance with the provisions of California Family Code Section 6910. In no event will we hold liable the Greater Los Angeles Area Council, Boy Scouts of America, St. John Fisher Church, Troop 658,and any of its officers, leaders or agents for any accidents, injury, first aid rendered, treatment, drugs, medicine or surgical procedures performed in accordance with participation in the above activity. This activity falls under Troop 658 Waiver, Release and Indemnity Agreement that we have previously signed. I have discussed with my son the Troop General Policy for conduct, and we agree to abide by that policy. As a parent, I will immediately drive out to the trailhead if I am contacted by any of the adult leaders on the trip and requested to do so. I promise to be at the pick-up point on time and to provide the adult leaders with an alternate telephone number if I am not going to be at home awaiting a call near the return time.

Parents Name Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parentʼs Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scoutʼs Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: Special Medications or Allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Scout(s) going? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Adult(s) going? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can They Drive? \_\_\_\_\_\_ # of Seatbelts? \_\_\_\_\_\_\_\_\_\_

(Names of Siblings and/or friends\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) only include if necessary

| # of Adults Attending \_\_\_\_\_\_\_\_x (fee) =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Scouts Attending \_\_\_\_\_\_\_\_x (fee) =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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