

**Chickasaw Council
Pack Trip Report**

Pack _____

Plans to participate in an overnight trip to: _____

Dates: _____

The nearest hospital to our planned trip is: _____

The following adults and only the following adults who are not the parent or legal guardian of a scout will/did spend one or more nights with us on our trip. (You do not need to list parents or legal guardians):

Name	Registration No.	YPT Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Sleep is essential for a safe drive home at the end of the event. Please plan to have your drivers get sufficient sleep the night before departure. Please also make sure that your adults have the necessary training for the trip (e.g., Level I Climbing for unit climbing trip etc.)

On my honor as a scout, I affirm that the preceding adults and only the preceding adults who are not a parent or legal guardian of a scout will/did attend the unit trip.

(Print Name)

(Date)

(Sign Name)

Council Approval

Date

Send via email to: Janet.Ross@scouting.org