

**Chickasaw Council**  
**Troop/Ship/Crew Trip Report**

Troop \_\_\_\_\_       Crew \_\_\_\_\_       Ship \_\_\_\_\_

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 will/did spend one or more nights with us on our trip:

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 will/did attend the unit trip.**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Sign Name)

\_\_\_\_\_  
Council Approval

\_\_\_\_\_  
Date