

Appendix HH CUB SCOUT OUTDOOR PROGRAM CHECKLIST

Date(s) _____ Location _____

BSA facility

Council-approved non-BSA facility

I. Administration

Camp reservation made

Parent permission slips

Camp deposit/fee paid

Health forms

Local requirements

Insurance

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

