

Extended/Out of Council Trip Report Form PG_1D

Complete and return Report Form to the Council Service Center within one month after the trip. Keep a copy for your troop records:

Trip Coordinator _____ Troop # _____ Service Unit _____

Trip Destination(s) _____ Departure Date _____ Return Date _____

Actual Number of participants on trip: Adults: Female _____ Male _____ Girls _____

HEALTH AND SAFETY:

Please list below all First Aid treatment for burns, cuts, sprain, etc. and treatment for any illness or injury. (Use separate sheet if necessary). If you filed any accident insurance claims, please give details on a separate sheet.

Date	Name	Injury/Illness	Treatment	By Whom

FINANCES:

Estimated Cost _____

Total Cost _____

Balance _____

Actual Costs:

Transportation _____ Overnight Lodging _____

Meals _____ Program _____ Other _____

Total Cost of Trip _____

Transportation: Any Comments?

Program: Briefly explain the highlights of your trip, any changes in plans, how the girls plan to share the experience with others and the results of evaluations with girls. Use a separate sheet if necessary: