

LOCAL TOUR PERMIT APPLICATION

FOR TRIPS AND CAMPS UNDER 500 MILES

LOCAL PERMIT NO. _____ DATE ISSUED _____

This application must be filed with local council service center 2 weeks in advance of scheduled activity for proper clearance. It is used for trips of less than 500 miles. If destination is 500 miles or more one way or outside U.S.A. (local council camp excepted), use National Tour Permit Application, No. 4419. **If backcountry trip, be sure to know BSA Wilderness Use Policy.** If the unit contracts with a guide service for a fee, that service must provide a certificate of liability insurance that indemnifies the Orange County Council, BSA. Outings involving climbing must have a qualified guide or CPE cardholder.

_____ No. _____ Town _____ District _____ hereby applies
Pack/Troop/Team/Crew
for a permit and submits plans herewith for a trip from _____, to _____
Date Date

Give itinerary if tour; or destination if camp, including route description for reaching campsite (for long trip attach map indicating route and overnight stops):

Type of trip: One day Touring camp Short-term camp Long term camp (Furnish copy of program and menus.)

Where swimming or boating is included in the program, *Safe Swim Defense*, No. 34370A, and/or *Safety Afloat*, No. 34368A, standards are to be followed.

Person in charge: _____ Safe Swim Defense Certification: _____ Expiration date: _____
Name Name

And/or: _____ Safety Afloat certification: _____ Expiration date: _____
Name Name

Or use of adult assistants so qualified: Safe Swim Defense Certification _____ Expiration _____
And/or Safety Afloat Certification _____ Expiration _____

Also, at least one adult must be certified in CPR for Safety Afloat. _____ CPR Certificate Expiration _____

Mode of transportation: Car RV Bus Boat Canoe Train Hiking Truck Other _____
(The beds of trucks and camper trucks are approved for equipment only - passengers are allowed only in the cab.)

Tour will include _____ youth and _____ adults. Have parents' approvals been secured? _____

It is the tour leader's and unit committee member's understanding that all drivers, vehicles, and insurance coverages will meet the national requirements as listed on the reverse side of this application. The Boy Scouts of America policy requires two adult leaders on all camping trips and tours. Tour leader in charge must be at least 21 years of age. Coed Venturing Crews must have both male and female leadership.

Tour leader's name _____ Age _____ Phone _____ YPT _____
Print or type

Address _____

I have in my possession a copy of *Guide to Safe Scouting*, No. 34416A, and have read it. _____

Assistant tour leader's name _____ Age _____ Phone _____ YPT _____
Tour Leader's Signature

Address _____

Signed by member of unit committee

Signed by tour leader

TWO DIFFERENT SIGNATURES RETAINED IN COUNCIL SERVICE CENTER

PLEASE COMPLETE THIS SECTION ALSO

OFFICIAL LOCAL TOUR OR CAMP PERMIT BOY SCOUTS OF AMERICA

This permit should be in the possession of group leader at all times and displayed when requested by Scouting officials or other duly authorized persons.

Permit issued to _____ No. _____ Town _____
Type of unit

Name of tour leader _____ Age _____ Address _____

Assistant tour leader _____ Age _____ Address _____

Permit covers travel between _____ and _____

Dates of trip from _____, to _____

Total youth _____ Total adults _____

This group has given the local council every assurance that they will conduct themselves according to the best standards of Scouting and observe all rules of health, safety, and sanitation as prescribed by the Boy Scouts of America and as stated in the Pledge of Performance on the reverse side of this permit.

These spaces are for the signatures and comments of officials where the group camps or stays for 1 night or more. Signatures indicate that the cooperation and conduct of the Cub Scout, Boy Scout, Varsity Scout, or Explorer group were satisfactory in every way

Date	Place	Signature	Comment

FOR COUNCIL APPROVAL

Local Permit No. _____

Date Issued _____

Council Stamp

Not official unless council stamp appears here.

Council name and address _____

Council phone number _____

Signed for the council _____

Motor Vehicle Checklist

Owner's Name: _____

Address: _____

City, State, ZIP: _____

Driver's License No.: _____ Renewal Date: _____

Telephone: (____) - _____

Insurance Company: _____

Amount of liability coverage: \$ _____

Other drivers of same vehicle (this trip only):

Names: _____

Driver's License Numbers: _____

Make of vehicle: _____

Model year: _____

Color: _____ Auto license No.: _____

Basic Safety Check:

1. Seat belt for every passenger? _____

2. Tire tread OK? _____

Spare? _____

Jack? _____

3. Brakes OK? _____

4. Windshield wipers operate? _____

Fluid in reservoir? _____

5. Current inspection sticker? _____

6. Headlights operating? _____

Turn signals operating? _____

7. Rearview mirrors? _____

8. Exhaust system OK? _____

Additional Safety Check:

1. Flares for emergencies? _____

2. Fire extinguisher? _____

3. Flashlight? _____

4. Tow chain or rope? _____

5. First-aid kit? _____