



Final Report for Troop/Group Extended Trip (3 nights or more)

Trip Leader/Coordinator _____ Troop # _____ Service Community _____

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

Final Number of participants on trip: Adults: Female _____ Male _____ Girl _____

Health & Safety:

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

Date	Name	Injury/Illness	Treatment	By Whom

Final Finance Information:

Please list final cost for the following:

Transportation _____ Hotel/Site Fee _____ Meals _____

Program _____ Other Expenses _____

Estimated Cost _____

Actual Cost _____

Remaining Balance (if any) _____

Feedback regarding your trip. Suggestions, etc.

Complete and return this final report within one month after the trip. Keep a copy for your troop records.
Please submit all forms to Customer Care at customercare@citrus-gs.org