



Proposed Itinerary for Troop/Group Extended Trip

Troop # _____ Service Community _____ Program Level _____

Departure Date: _____ Time: _____ Location: _____

Return Date: _____ Time: _____ Location: _____

Type of Transportation: _____ (Remember that 15 passenger vans are not permitted)

Driver Names if applicable (also list on Travel Plan: _____)

If using a transportation company or renting vehicles, list name of company and attach contract:

If using a tour company list name and attach their itinerary: _____

List complete itinerary below:

Date & Times	Name & Address of Location	Type of Activity