

# Club Outing Application



## Inland Northwest Council

Complete and return form at least 10 days prior to your outing.

REQUIRED FOR: All day trips outside the Council jurisdiction and all overnights away from the club meeting site.

Attach a copy of your permission slip and complete travel itinerary.

**Please print:**

Adult Organizing Outing: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Club Leader's Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date(s) of Outing: \_\_\_\_\_ Mode of Travel: \_\_\_\_\_

Destination Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Number of Adults: _____	Number of Youth: _____
Names:	Names:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Are camping, outdoor cooking and skills part of your outing?  Yes  No

Name(s) of trained responsible adult(s) and dates trained:

1. \_\_\_\_\_ Level \_\_\_\_\_ Date \_\_\_\_\_  
 2. \_\_\_\_\_ Level \_\_\_\_\_ Date \_\_\_\_\_

Names of Licensed, <u>Insured</u> Drivers:	Driver's License Number, State,	Insurance Expiration Date:
1.		
2.		
3.		
4.		
5.		

--OVER--

Is swimming part of your outing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name(s) of Certified Lifeguard:	Certifying Agency/Type:	Expiration Date:	
1. _____	_____	_____	
2. _____	_____	_____	

Outing Safety Training	
Person: _____	Date Trained: _____

Further comments about trip:

I have read the Outing Safety Standards and will follow them on this activity. I agree to have emergency transportation, permission slips, and health histories for all individuals.

Signature of Adult in Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return form to:**  
 Outdoor Programs  
 CAMP FIRE USA INLAND NORTHWEST COUNCIL  
 524 North Mullan Road  
 Spokane Valley, Washington 99206

Telephone: 509 747 6191 or 800 386 2324  
 FAX: 509 747 6191  
 E-mail: campfire@campfireinc.org