

Venturing Activity Planning Worksheet

This is an adaptation of BSA's print-only [Venturing Activity Planning Worksheet](#). This is only a template. Your needs may be different. Modify as needed for your event.

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Comments or suggestions? Contact Aren Cambre at aren@arencambre.com.

Table of contents

Table of contents	1
Key positions	2
Activity goal	2
Destinations and timeline	2
What will we do?	2
What equipment, supplies, and reservations do we need?	3
Personal forms	3
Personal gear	3
Crew gear	3
Permits and reservations	3
Lodging	3
Other	3
How will we get there?	3
How can we manage risk?	4
Analysis and management of risk (what-if plan)	4
Hazard:	4
Emergency communications	4
Nearest medical facility to adventure location(s)	4
First-aid certified adventure attendees	4
Other required training	5
Emergency response plan	5
Weather forecast	5
Allergies and medical concerns	5
How much will it cost?	5
Contact lists	6
Venturers participating in the adventure	6
Advisors participating in the adventure	6
Parent/guardian emergency contact information	6
Version history	7

Key positions

Position	Name	Phone	Email
Activity Chair			
VP of Program			
Associate Advisor of Program			
Consultant			

Activity goal

(replace this with your activity goal)

Destinations and timeline

(To add or remove rows from any table in this document, right-click inside a row and use the insert or delete options. Feel free to delete this note.)

Destination	Arrival	Travel time to get there
		N/A

What will we do?

- Day 1:
- Day 2:
- Day 3:

What equipment, supplies, and reservations do we need?

Personal forms

- [BSA Annual Health and Medical Record](#), which should include a copy of the front and back of one's health-insurance card (do you need AB, ABC, something different)
- [Activity Consent Form](#)
-

Personal gear

-

Crew gear

-

Permits and reservations

-

Lodging

-

Other

Any other equipment, supplies, or reservations not covered above?

-

How will we get there?

[for each destination, describe how you will be transported, its address, and provide an indication of route]

How can we manage risk?

Analysis and management of risk (what-if plan)

(Review all parts of the activity for hazards. This includes travel, destinations, events, and more. For each identified hazard, make a copy of the next section. Feel free to delete this note.)

Hazard:

- Severity:
- Frequency:
- Assessment:
- Corrective action(s):

Emergency communications

Position	Name	Phone No.	Email or website
Chief Emergency Contact (Home)			
Nearest EMS (for each destination)			
Council Scout Executive			

Nearest medical facility to adventure location(s)

(enter them here)

First-aid certified adventure attendees

Position	Name	Phone No.	Email
First-Aid certified members			
CPR-certified members			
Certified lifeguards (if needed)			

Other required training

Position	Name	Phone No.	Email
Hazardous Weather			
Climb On Safely			
Safe Swim Defense			
Safety Afloat			

Emergency response plan

(description of how you will respond to an emergency; separate plan may be required for each destination and during lengthy transportation segments)

Weather forecast

Date forecast checked: (date you got this information)

(characterization of weather to expect during each day and evening of the trip; be sure to find the weather at each destination, not at your home)

Allergies and medical concerns

(This should come from a review of medical forms. Feel free to delete this note.)

Participant	Allergy/Medical Concern	Prevention/Treatment

How much will it cost?

Budget item	Total cost	Per-person cost
Transportation		
Lodging		

Food		
Training		
Use or participation fees		
Insurance		
Equipment purchase or rental		
Side trips and tours		
Promotion		
Contingency		
Total		

Contact lists

Venturers participating in the adventure

Name	Cell phone number	Email

Advisors participating in the adventure

Name	YPT/YST expiration	Phone number	Email

Parent/guardian emergency contact information

Youth name	Parent/guardian	Parent/guardian cell	Parent/guardian
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	name	phone	email

Version history

1. **February 2021:** Initial version, based on BSA's [form 510-022](#).
2. **June 2024:** Added **Table of Contents** and **Personal forms** sections. Standardize on sentence case for titles.
3. **September 2025:** Removed all fussy, boldfaced, maroon placeholder text. (It was a chore to handle it.) Added a link to the top that makes a copy of this.