CRSS Trip Worksheet

This worksheet is provided to assist you in the planning of your CRSS Trip.

2 Months Out

- Your non-refundable deposit is due! This deposit can be received anytime after your initial booking but must be received by 2 months prior your scheduled event.
- The deposit is essential for securing your dates and removing you from your tentative status.

\[
\text{Total number of participants } \times 5 = \text{__________}.
\]

Please make checks payable to the Alabama 4-H Center.

Date Due: _______

6 Weeks Out

- Estimated number of participants are due.
  - These estimated numbers will help us assign staff and plan your program schedule.
  - Student Estimate: ___________  Adult Estimate: ___________  # of Field Groups (12-15 per group): ______
- Program Selection
  - 3-day CRSS: Please select 12 hours of day programming and 2 evening programs (2 CRSS staff-led programs).
  - 2-day CRSS: Please select 6 hours of day programming and 1 evening program (1 CRSS staff-led).

Day Programs:

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<th>Class</th>
<th># of hours</th>
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Evening Programs

1. ______________ (CRSS-led)
2. ______________ (CRSS-led)

NEW: Evening Classes are now 1 1/2 hours. These staff led programs will happen from 7:00—8:30 each evening.
Teacher led programs are optional and will take place after 8:30. Notify the CRSS staff if you plan additional evening activities.

Date Due: _______

2 Weeks Out

It is mandatory that we have the following forms 2 weeks prior to your CRSS trip.
- Rooming Assignment Sheet (All beds in a room must be filled before we can justify opening another room)
- Field Group List with student names and field group names
- Finalized Counts: Male Students: ____ Female Students: ____ Male Adults: ____ Female Adults: ____
- Who will be taking MEDICAL RESPONSIBILITY for the group while at camp? ____________________________

The following information is needed 2 weeks out:
- Insurance Y ___ N ___ We are required to insure the entire group if you request our insurance
- Do you need evening snack for your group ($1 per person/night)? Y ___ N _____
  - Chips or Granola Bars (please circle)
- Do you need worms for fishing? Y ___ N ___
  - How many containers ($5 per container, approximately 20 worms per container)? ______
- Do you need marshmallows? Y ___ N ___
  - How many bags ($3 per bag, approximately 60 marshmallows per bag)? ______
- Are there any special dietary requirements? Y ___ N ___

If we do not receive indication of dietary needs 2 weeks out we can not guarantee that we will have an alternative menu for individuals that require it. Please fax explanation of dietary requirements to (205) 669-1364 or email them to ahp0006@auburn.edu or src0008@auburn.edu.

Date Due: _______

“Making the Best Better!”

892 4-H Rd. • Columbiana, AL 35051 • (205) 669-4241 • Fax: (205) 669-1364 • www.alabama4hcenter.org