# 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.

Total number of participants _______ x $5 = $__________.

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

## 1 Month Out

- Guaranteed number of participants (lodging and meals) are due.
  - The school is responsible for all costs and fees for total guaranteed count. If we do not receive the guaranteed count by 1 month out we will use the number on the Booking Agreement as your guaranteed count.

Student Male:_____ Student Female:_____ Adult Male:_____ Adult Female:_____ Total #: _____

- Program Selection
  3-day CRSS: Please select 6 day programs and 4 evening programs (2 CRSS staff-led and 2 teacher-led programs)
  2-day CRSS: Please select 3 day programs and 2 evening programs (1 CRSS staff-led and 1 teacher-led programs).
  1-day CRSS: Please select 3— 4 day programs.  Half-day CRSS: Please select 2 programs.

<table>
<thead>
<tr>
<th>Day Programs:</th>
<th>Evening Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1._____________</td>
<td>1._____________ (CRSS-led)</td>
</tr>
<tr>
<td>2._____________</td>
<td>2._____________ (CRSS-led)</td>
</tr>
<tr>
<td>3._____________</td>
<td>3._____________ (CRSS-led)</td>
</tr>
<tr>
<td>4._____________</td>
<td>4._____________ (Teacher-led)</td>
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<tr>
<td>5._____________</td>
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<tr>
<td>6._____________</td>
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</tbody>
</table>

## 2 Weeks Out

It is mandatory that we have the following forms 2 weeks prior to your CRSS trip:
- Statistical Sheet
- Rooming Assignment Sheet (All beds in a room must be filled before we can justify opening another room)
- Field Group List

The following information is needed 2 weeks out:
- Total number to be insured:
- 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 fishegs@auburn.edu.