

CRSS Trip Worksheet

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

Date of CRSS Trip:

_____ to
(Arrival Date)

(Departure Date)

2 Months Out

Date Due: _____

- 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.

6 Weeks Out

Date Due: _____

- 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 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.

Day Programs:

- _____
- _____
- _____
- _____
- _____
- _____

Evening Programs

- _____ (CRSS-led)
- _____ (CRSS-led)
- _____ (Teacher-led)
- _____ (Teacher-led)

**** NOTE: Alabama's Living History Class (formerly the Pioneer Village) counts as TWO program options.**

NEW—Would you like an evening snack for your group? The cost is \$2/student and will be invoiced. Contact Becky for more information. Yes / No

2 Weeks Out

Date Due: _____

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
- 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:

- 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 src0008@auburn.edu.

