

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 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:

Class	# of hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Evening Programs

- _____ (CRSS-led)
- _____ (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.

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 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.

