

INSPIRING CONNECTIONS OUTDOORS

TRIP REPORT

Trip Date:		Trip Location:		Type of Outing:	
Agency:		ICO Trip Leader:			
Email:		Phone:		Total Outing Cost \$:	
Total number of Certified Leaders on trip:		Names :			
Total number of other ICO volunteers on trip:					
Total number of volunteer hours: (include time for all volunteers for pre-trip, trip & post trip)					
Were Agency staff on trip?		If so, list Agency staff names:			
Total # youth on trip:		Age range:		# Females:	# Males:
Total # of Youth Leaders on trip:				Total # of Adult Participants on trip:	
Ethnicity of group: (Information not on Permission Form)					
African-American	Caucasian	Hispanic	Native American	Asian	Other:

- 1) **Were there injuries on the trip? If so, how were they handled? Is follow-up needed?**

- 2) **Were there any other problems or issues that arose on the trip? If so, how were they handled? Is follow-up needed?**

- 3) **What activities did you do on this trip?**

- 4) **What should future trip leaders know about this outing location?**

- 5) **Would you do this trip again? If not, explain why not.**

- 6) **What was the response from the trip participants? (Quotes are great!)**

Additional Comments: