



General Notes

The purpose of this plan is to assist a Cub Scout in the planning of a Grey Wolf Adventurous Journey, if they are not using the planning on Scouts | Terrain. Cub Scouts can prepare a hike on this template or just use the subheadings in their own plan.

Notes for the Cub Scout preparing this Plan

Your Plan should be presented to Unit Council for approval. It's a great idea to run your plan past your Cub Scout Leaders for suggestions and to check their availability before presenting it to Unit Council. Every Cub Scout wishing to be assessed for their Grey Wolf Adventurous Journey should prepare their own hike plan.

Planned Date of Adventurous Journey

Outline of Adventurous Journey

Start Point:
Description of Adventurous Journey:
Finish Point:

Name of Cub Scout Leading the Adventurous Journey and Preparing this Plan

Number Attending (minimum 3 Cub Scouts – maximum 6 Cub Scouts)

Cub Scouts:
Supporting Leaders:

Name of Participants (minimum 3 Cub Scouts – maximum 6 Cub Scouts)

Cub Scouts:	1.	2.	3.
	4.	5.	6.
Leaders:			

Transport Arrangements

To Start Point:
From Finish Point:

Should include where you plan to leave from. Start time and time of return to Finish point.
How many cars do you need?

Adventurous Journey Walk Details

Attach a map of your planned route.

ScoutSafe Plan

A ScoutSafe Plan is required for your Adventurous Journey. Below is the starting point for the ScoutSafe Plan. Please list some things that you think could go wrong and what you should do to prevent them happening or to address them if they were to occur. One Risk has been given to get you started but there are more than this, so now it's over to you to add others.



Risk	Prevention/Solution
Becoming Lost	Maps and compass taken on the hike

Emergency Contacts

Who	Name & Phone Number (Include home and mobile numbers if applicable)
Police/Ambulance/Fire Brigade	000 or 112 from a mobile, regardless of your carrier
Group Leader	
Parents of each Cub Scout	

Any Equipment planned to be carried and Clothing requirements

Eg: asthma puffer, drink bottle		

Cub Scout Leader has access to or has reviewed health records for all attending Cub Scouts

Are there any dietary or health issues to be aware of?

No

Yes, if Yes, fill in details below:

Details: eg. Cub Scout has allergy to Bees.

Unit Council Approval

This Adventurous Journey Plan should be presented to your Unit Council for approval, prior to the Hike.

Unit Council Representative (Cub) Name	Unit Council Representative (Cub) Signature	Date

Cub Scout Leader Endorsement

Cub Scout Leader Name	Cub Scout Leader Signature	Date