

# Calvin College Adventure Grant Application

**Trip Destination:**

**Trip Date:**

**Group Members:**

**E-mail**

**Phone**

**Emergency**

**Release**

**Paid**

**Rental Equip.**


1<sup>st</sup> Planning Meeting (Date/Time):







Trip Goals and Objectives (what is the group agreeing to do?):

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

Primary Activities (what does the group want to prioritize accomplishing?):

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

## Estimated Budget

ITEM	Estimated Cost	Real Cost
 <b>Transportation:</b>		
 <b>Food:</b>		
 <b>Instruction:</b>		
 <b>Reservations:</b>		
 <b>Permits:</b>		
 <b>Other _____:</b>		
<b>TOTALS:</b>		

## Transportation:

- |                        |                       |                             |
|------------------------|-----------------------|-----------------------------|
| ✓ Van Rental           | ✓ Canoe/Kayak Trailer | ✓ Cargo Trailer/Van (Bikes) |
| ✓ Participant Vehicles |                       |                             |

## Trip Schedule/Itinerary/Activity Location:

- Day 1
- Day 2
- Day 3
- Day 4
- Day 5
- Day 6
- Day 7

**Day 8**

**Day 9**

**Estimated Total Round Trip Miles/Travel Time:**

**Planned Driving Route:**

**Planned Parking Area(s)/Trailhead(s):**

**Planned Shuttle Route (Backpacking, Paddling, Skiing):**

**Wilderness Area Logistics and Emergency Numbers:**

- Park Service Forest Service Ph. Number:
- Country Sheriff Phone Number:
- State Police Post Phone Number:
- Local Emergency: 911
- Local Search and Rescue Number:
- Home Contact Person #1 (Name and Number):
- Home Contact Person #2 (name and Number):
- Camping Site/Cabin Reservations:
- Permits Required/Permit Fees:
- Maximum Backcountry Group Size/Watercraft Limit:

**Planning Resources:**

- 1.
- 2.

**Necessary Maps:**

- 1.
- 2.

**Groceries/Food Prep (Date/Time):**

**Group Outfitting (Date/Time):**

**Tentative Rations and Menu:**

