



Lucy Schram  
Far West Administrator

**Far West Traveling Team Chaperone Report**

To be completed by the FW Head Chaperone immediately upon return from said trip, and submitted to the Far West Office within 10 days of the completion of the trip. **No chaperone funds will be distributed until this form is returned.**

Head Chaperone Name: \_\_\_\_\_  
Name of Event: \_\_\_\_\_  
Location of Event: \_\_\_\_\_  
Date of Trip: \_\_\_\_\_  
List all chaperones: \_\_\_\_\_  
\_\_\_\_\_

Rooming list: \_\_\_\_\_ Received: \_\_\_\_\_  
\_\_\_\_\_yes \_\_\_\_\_no  
Chaperone list: \_\_\_\_\_yes \_\_\_\_\_no  
Coaching roster: \_\_\_\_\_yes \_\_\_\_\_no  
Code of Conduct: \_\_\_\_\_yes \_\_\_\_\_no

Rate 1-5, 1 being not at all, 5 was outstanding  
Cooperation of coaches with chaperones: \_\_\_\_\_  
Athlete to chaperone ratio: \_\_\_\_\_  
Cooperation of athletes with chaperone: \_\_\_\_\_

List any behavioral incidents that took place on this trip including athlete name(s), time and date incident occurred, action taken, please use other pages if need be:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What items could be improved in order to make this trip smoother:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return completed form to the Far West Office within 10 days of returning from the trip.

The Far West Board of Directors and Office appreciate you taking the time to be a chaperone for this trip. Thank you.

