CAMPOUT PLANNER

Patrol: _____
Date: _____
Campout:_____

Name	Age	Rank	Paid	Medical Form	Permission Slip
1. PL					
2. APL					
3.					
4.					
5.					
6.					
7.					
8.					

Friday Dinner Entrée
Cooks:
Clean up:
Drink
Notes

Saturday Breakfast Entrée
Cooks:
Drink
Clean up:
Notes

Lunch Entrée
Cooks:
Clean up:
Drink
Notes

Dinner Entrée
Cooks:
Desert
Clean up:
Drink
Notes

Sunday Breakfast Entrée
Cooks:
Drink
Clean up:
Notes

Grocery List

Scout buying food: _____

Adult signature:_____

Person buying food is responsible for the food/ice/cooler for the duration of the campout.
Please attach food receipt to this form and return to SPL after the campout.