



CAMPOUT PLANNER

PATROL: _____

DATE: _____

CAMPOUT: _____

PL	Name	ATTENDING	PAID	INITIAL
APL				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

SHOPPING LIST

	HAVE	NEED
Paper Towels		
Aluminum Foil		
Salt		
Matches		
Charcoal		

GROCERY LIST

Saturday

Breakfast Entrée _____

Drink
Notes

Lunch Entrée _____

Drink
Notes

Dinner Entrée _____

Drink
Desert
Notes

Breakfast Entrée _____

Drink

Person 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 Troop Treasurer after campout.