



Troop 564

PATROL: _____

DATE: _____

CAMPOUT: _____

CAMPOUT PLANNER

NAME	ATTENDING	PAID	INITIAL
PL _____			
APL _____			
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			
6 _____			
7 _____			
8 _____			

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 _____

Sunday

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 Senior after the campout.