PATROL: _____

DATE: _____

CAMPOUT: _____

CAMPOUT PLANNER

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

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.

SHOPPING LIST

	HAVE	NEED
Paper towels		
Aluminum foil		
Salt		
Matches		
Charcoal		

GROCERY LIST