

Campout Date: ___/___/___ Location: _____ Depart: _____ Return: _____

Attending	Transportation	Food	Equipment	Activity
	Name:	Name:	Name:	Name:
1.	<input type="checkbox"/> Find drivers	<input type="checkbox"/> What meals do we plan for?	<input type="checkbox"/> Patrol box	<input type="checkbox"/> Special needs?
2.				<input type="checkbox"/> Skit
3.	<input type="checkbox"/> Car assignment	<input type="checkbox"/> Who is working on 2 nd Class, 1 st Class or Cooking merit badge?	<input type="checkbox"/> Cook set: will it support the meals?	<input type="checkbox"/> Song
4.			<input type="checkbox"/> Tents enough for everyone	
5.	<input type="checkbox"/> Maps	<input type="checkbox"/> Fill out duty roster		
6.		<input type="checkbox"/> Fill out menu	<input type="checkbox"/> Get equipment to campout	
7.	<input type="checkbox"/> Gas money: collect and give to driver(s) (\$2/person)	<input type="checkbox"/> Fill out shopping list	<input type="checkbox"/> Any special needs? Ex: Dutch oven	
8.		<input type="checkbox"/> Who will buy the food?		
9.		<input type="checkbox"/> Figure out cost per Scout	<input type="checkbox"/> Post campout: Delegate equipment clean up.	
		<input type="checkbox"/> Who get's food to campout?	<input type="checkbox"/> Return equipment to firehouse	