# TROOP 116
# CAMPOUT PLANNER

PATROL: _____

DATE: _____

LOCATION: _____

| Name | Attending | Paid | Perm-Slip |
|---|---|---|---|
| PL | | | |
| APL | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |

## Saturday

**Breakfast**
- Protein _____
- Fruit _____
- Grain _____
- Drink _____
- Notes _____

**Lunch**
- Protein _____
- Vegetable _____
- Grain _____
- Drink _____
- Notes _____

**Dinner**
- Protein _____
- Vegetable _____
- Grain _____
- Drink _____
- Notes _____

## Sunday

**Breakfast**
- Protein _____
- Fruit _____
- Grain _____
- Drink _____
- Notes _____

## SHOPPING LIST

| | HAVE | NEED |
|---|---|---|
| **Salt** | | |
| **Pepper** | | |
| **Dish Soap** | | |
| **Scouring Pads** (non-soap) | | |
| **Sponge** | | |
| **Toilet Paper** | | |
| **Hand Sanitizer** | | |
| **Matches** | | |
| **Aluminum Foil** (Heavy duty) | | |
| **Paper Towels** | | |
| **Trash Bags** | | |
| **Cooking Oil** | | |
| **Zip Lock Bags** | | |

Note: Refer to your Patrol Box Check List to determine which items need to be replenished.

## GROCERY LIST

Person Buying Food: _____

Adult Signature: _____

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