

Troop One Troop Campout Plan

Dates _____ Monthly Feature: _____ Camp SPL _____

Camp name _____ Location address _____

Principle contact name and phone number _____

Have reservations been made _____ deposit made _____ tour permit filled _____

Comments on planning:

Friday

Time	Activity	Who is in Charge?	Materials needed.
	Crackerbarrell Lights out		

Saturday

Time	Activity	Who is in Charge?	Materials needed.
	up		
	breakfast		
	lunch		
	dinner		
	Crackerbarrell Lights out		

Sunday

Time	Activity	Who is in Charge?	Materials needed.
	up		
	breakfast		