TROOP 109
CAMPOUT PLANNER

Name	Attn	Pd.	Init.
1			
2			
3			
4			
5			
6			
7			
8			
9			

Patrol: _____

Date: _____

Campout: _____

Grubmaster: _____

Saturday

Breakfast _____

_____

_____

_____

Drink _____

Notes _____

_____

_____

Lunch _____

_____

_____

_____

Drink _____

Notes _____

_____

Dinner _____

_____

_____

_____

Drink _____

Notes _____

_____

_____

Sunday

Breakfast _____

_____

_____

_____

Drink _____

Notes _____

_____

SHOPPING LIST

	have	need
Paper towels		
Aluminum Foil		
Cooking Spray		

GROCERY LIST

Qty.	Item

Approved: _____

Person buying food is responsible for the food/ice/cooler for the duration of the campout.