



PATROL: _____

DATE: _____

PATROL CAMPOUT MENU PLANNER

CAMPOUT: _____

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

SHOPPING LIST

	HAVE	NEED
Paper towels	<input type="checkbox"/>	<input type="checkbox"/>
Aluminum foil	<input type="checkbox"/>	<input type="checkbox"/>
Salt	<input type="checkbox"/>	<input type="checkbox"/>
Matches	<input type="checkbox"/>	<input type="checkbox"/>
Charcoal	<input type="checkbox"/>	<input type="checkbox"/>

GROCERY LIST

Saturday

<u>Breakfast</u>	<u>Entrée</u>	<hr/> <hr/>
	Drink	<hr/>
	Notes	<hr/> <hr/>
<u>Lunch</u>	<u>Entrée</u>	<hr/> <hr/>
	Drink	<hr/>
	Notes	<hr/> <hr/>
<u>Dinner</u>	<u>Entrée</u>	<hr/> <hr/>
	Drink	<hr/>
	Desert	<hr/>
	Notes	<hr/> <hr/>

Sunday

<u>Breakfast</u>	<u>Entrée</u>	<hr/> <hr/>
	Drink	<hr/>

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 and return to Senior after the campout.