

				PATROL: _____
				DATE: _____
				CAMPOUT: _____
PATROL CAMPOUT MENU PLANNER				
NAME	ATTENDING	PAID	INITIAL	SUPPLIES / EQUIPMENT
PL				Paper Towels (2)
APL				Aluminum Foil
1				Cooking Spray
2				Charcoal
3				Pots/Pans
4				Patrol Stove
5				Propane
6				Utensils
Subtotals				Ice
				Soap
FRIDAY	SNACK DINNER			
SATURDAY	BREAKFAST			GROCERY LIST FOR _____ SCOUTS
Entrée				
Side(s)				
Drink				
	LUNCH			
Entrée				
Side(s)				
Drink				
	DINNER			
Entrée				
Side(s)				
Drink				
SUNDAY	BREAKFAST			
Entrée				
Side(s)				
Drink				
Approvals: SPL_____ ASM/SM_____				