## PATROL: **CAMPOUT MENU PLANNER** DATE: CAMPOUT: NAME **ATTENDING PAID** INITIAL **SHOPPING LIST** PL **APL HAVE NEED** 1 Paper towels 2 Aluminum foil 3 Salt 4 Matches 5 Charcoal 6 7 **GROCERY LIST** 8 9 10 Saturday Breakfast Entrée Drink Lunch Entrée Drink Dinner Entrée Drink Desert Sunday Breakfast Entrée

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

Drink

Person buying food:

SPL approval: SM approval: