

Name/Location of Campsites:

Water Availability/Location:

Significant Events of the Trip:

Things To Remember For Next Trip:

Special Equipment or Transportation Needed:

Prepared By: _____

Attach contour map highlighted to show route (yellow), campsites (green), and drinking water (blue).

TROOP 680 PARTICIPANT LIST

	Last Name	First Name	Scout/ Adult*	Nights Camped	Miles Hiked	Miles Biked	Miles Canoed	Service Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								

* Enter S for scout, V for venture, A for adult, or C for sibling/child trip participant.

Use additional sheets as required if number of participants exceeds 27. Please email this record (as an attachment) to the Outings Committee Chair, the Records Chair, the Patch Chair and the Service Hour Chair.