



## Troop 811 Camping Nights

Scout Name: \_\_\_\_\_

Location of Campout: \_\_\_\_\_

Dates of Campout: \_\_\_\_\_ to: \_\_\_\_\_ Total Number of Nights Camped: \_\_\_\_\_

Did you arrive late? Y N If so, why? \_\_\_\_\_

Did you leave early? Y N If so, why? \_\_\_\_\_

Scout Signature: \_\_\_\_\_

Attending Adult Signature: \_\_\_\_\_

**Please submit completed form to the Advancement Coordinator**

Cut



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