

CAMP PLANNING CHECKLIST

PLANNING				
Camp Organizer(s):	1)	2)		
Dates:		Location:		
Facility/Campground Booked:	To book a Scout camp in our area visit: http://gtc.scouts.ca/co/co_camping.asp to determine what is available/cost and reserve a spot			
Facility Cost:		Transportation Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Activities Planned:				
Special Considerations:				
Scouts Canada Forms:	Camping and Outdoor Activity Application Form Completed: Link <input type="checkbox"/> Approved by Group Commissioner <input type="checkbox"/> Final copy submitted 1 week before camp <input type="checkbox"/> Camp details provided to parents <input type="checkbox"/> Permission form for <i>high risk</i> camps (rappelling, white water rafting etc.)			
EVENT PREPARATION				
Final confirmation of attendees: - 2 weeks in advance	1)	11)		
	2)	12)		
	3)	13)		
	4)	14)		
	5)	15)		
	6)	16)		
	7)	17)		
	8)	18)		
	9)	19)		
	10)	20)		
Accommodation: – Who is sharing tents?	Tent 1	Tent 2	Tent 3	Tent 4
	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.
	Tent 5	Tent 6	Tent 7	Tent 8
	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.
Who can drive: Be sure to print & email out a map!	Leaders:		Parents:	
	• To Camp: 1. 2. 3. 4.		1. 2. 3. 4.	
• Home from Camp:	Leaders:		Parents:	
	1. 2. 3. 4.		1. 2. 3. 4.	

EVENT PREPARATION CONTINUED

Menu Plans:
Confirm with attendees any dietary requirements (vegetarian, diabetic etc.)

<p>Day 1</p>	<p>Breakfast:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>	
	<p>Lunch:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>	
	<p>Dinner:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>	
	<p>Mug Up:</p>	
	<p>Day 2</p>	<p>Breakfast:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>
		<p>Lunch:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>
		<p>Dinner:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>
		<p>Mug Up:</p>
	<p>Day 3</p>	<p>Breakfast:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>
		<p>Lunch:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>
		<p>Dinner:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>
		<p>Mug Up:</p>

Grocery List:
Be sure to check the supply cupboard for existing stores of food/spices

Tip: *Figure out a single serving quantity and multiply it to determine you grocery quantities*

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EVENT PREPARATION CONTINUED

Duty Roster:	Day 1	Breakfast:	1)	3)	5)
			2)	4)	6)
		Lunch:	1)	3)	5)
			2)	4)	6)
		Dinner:	1)	3)	5)
			2)	4)	6)
	Mug Up:				
	Day 2	Breakfast:	1)	3)	5)
			2)	4)	6)
		Lunch:	1)	3)	5)
			2)	4)	6)
		Dinner:	1)	3)	5)
			2)	4)	6)
	Mug Up:				
	Day 3	Breakfast:	1)	3)	5)
			2)	4)	6)
		Lunch:	1)	3)	5)
			2)	4)	6)
Dinner:		1)	3)	5)	
		2)	4)	6)	
Mug Up:					

EQUIPMENT CHECKLIST:

FACILITIES:		KITCHEN:		COOKING GEAR:	
Tarp	<input type="checkbox"/>	Stove 1 <i>(check for connector)</i>	<input type="checkbox"/>	Pot Set 1	<input type="checkbox"/>
Rope	<input type="checkbox"/>	Stove 2	<input type="checkbox"/>	Pot Set 2	<input type="checkbox"/>
Pegs	<input type="checkbox"/>	Stove 3 – Grill	<input type="checkbox"/>	Fry Pan	<input type="checkbox"/>
Tents	<input type="checkbox"/>	Portable BBQ	<input type="checkbox"/>	Ladle	<input type="checkbox"/>
Hatchet/Mallet	<input type="checkbox"/>	Naptha - Fuel Bottles	<input type="checkbox"/>	Spatula	<input type="checkbox"/>
Poles	<input type="checkbox"/>	Propane Hoses	<input type="checkbox"/>	Cutting Board	<input type="checkbox"/>
File (hatchet Sharpening)	<input type="checkbox"/>	Matches/Containers	<input type="checkbox"/>	Knives	<input type="checkbox"/>
Axe	<input type="checkbox"/>	Propane Tree	<input type="checkbox"/>	Tongs	<input type="checkbox"/>
		Fire Extinguisher	<input type="checkbox"/>	Oven Mitts/Glove	<input type="checkbox"/>
		Lantern <i>(Spare Mantles)</i>	<input type="checkbox"/>	Tin Foil	<input type="checkbox"/>
		Propane Tank(s)		Herbs & Spices	<input type="checkbox"/>
		1lb	<input type="checkbox"/>	Can Opener	<input type="checkbox"/>
		5lb	<input type="checkbox"/>	Potholder	<input type="checkbox"/>
		20lb	<input type="checkbox"/>	Strainer/Sieve	<input type="checkbox"/>
		Camp Oven	<input type="checkbox"/>	Bowl(s)	<input type="checkbox"/>
				Measuring Cup	<input type="checkbox"/>
				Plastic Wrap/Zip Locks	<input type="checkbox"/>
OTHER GEAR:		STORAGE:		CLEANING:	
Trowel/Shovel	<input type="checkbox"/>	Portable Pantry	<input type="checkbox"/>	Wash Basins	<input type="checkbox"/>
Toilet Paper	<input type="checkbox"/>	Food Barrel(s)	<input type="checkbox"/>	Camp Soap	<input type="checkbox"/>
First Aid Kit	<input type="checkbox"/>	Cooler(s)	<input type="checkbox"/>	Bleach	<input type="checkbox"/>
Dry Sacks	<input type="checkbox"/>	Ice	<input type="checkbox"/>	Wash Cloth/Sponge	<input type="checkbox"/>
Saw	<input type="checkbox"/>	Gear Bin(s)	<input type="checkbox"/>	Pot Scrubber	<input type="checkbox"/>
Duct Tape	<input type="checkbox"/>	Rope to tie bins shut	<input type="checkbox"/>	Garbage Bag(s)	<input type="checkbox"/>
Fire Starter	<input type="checkbox"/>			Grey Water Net	<input type="checkbox"/>
Water Treatment					
Water Tablets	<input type="checkbox"/>				
Water Filter	<input type="checkbox"/>				