Troop 220
Activities Management Form

As of January 2005, this form MUST be completed in order to have your outing or activity appropriately applied toward those who attended. Fill this form out completely and return to the Advancement Chairperson.

Type of Activity (Circle one):
Biking Camping Hiking Service Project Outing

Outing Coordinator:_____

Activity Date(s): _____

Hours worked: _____(Will apply to Service Project only)

Miles: _____(Will apply to Biking/Hiking only)

Nights Camped: _____

Type of Camping (Circle one): Tent Cabin

Location:_____(Where did event happen)

Describe activities of the outing:_____
_____
_____
_____
Additional documentation can be attached to support your activity as needed.

Activity Attendance

Boy Scout	Adult