



Troop & Crew 871

Outing Report



TC001/REV.002

(Check all groups attending):

TROOP CREW PACK

DATE OF OUTING/ACTIVITY: _____ NAME OF ACTIVITY: _____

TYPE OF ACTIVITY / OUTING / TRIP (CHECK ALL THAT APPLY):

DAY TRIP OVER NIGHTER BACKPACKER HIKE: _____ miles

WEEKEND (2 NIGHTS) LONG WEEKEND (3 NIGHTS)

OTHER – DESCRIBE ACTIVITY:

OTHER COMMENTS:

REQUEST A PATCH

PATCHES ALREADY PURCHASED AT EVENT

ATTENDANCE:

TROOP: (list all who attended)

P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____

P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____

CREW: (list all who attended)

P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____

P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____

PACK: (list all who attended)

P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____

P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____
 P Slip Paid: _____

(Please use back to report additional attending – provide copy to Advancement Chair)