

Troop 74 Camping Menu Planner

Patrol Name: _____

Number attending: _____

Cook: _____

Date: _____

Special requirements (ie. food allergies): _____

Friday night Cracker Barrel	
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Saturday (Be sure to plan for a balanced diet!)						
Meal	Main Dish	Vegetable	Fruit	Bread	Dessert	Beverage
Breakfast						
Lunch						
Dinner						

Sunday morning breakfast (no cooked items!)	
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Cooking utensils required: _____

Cooking Requirements:
(circle required items)

Dutch
Oven(s)

Charcoal

Firewood

Sandwich
Irons

Skillet

Shopping list				
Item	Quantity		Item	Quantity

Notes: _____
