

ELSEWHERE CAMP REPORT (B) FOR LONG TERM CAMPING OFF GRC PROPERTY

Troop/Team/Crew _____ District _____

Dates of camp: From _____ To _____

Camp _____

Name of leader in charge: _____

Names of other leaders: _____

Names of Scouts:

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

_____ Additional names on reverse

Cost _____ Feeding method _____

Were Medical services adequate? _____

Why did you go elsewhere? _____

Your overall assessment of the camp _____

Would you recommend the camp to other GRC units? _____

Feel free to add and other comments on reverse.

Report submitted by _____

Position _____

Date _____