

TROOP 849 ACTIVITY REPORT

Submit ASAP after Activity

Activity/Where		Date(s)	
Submitted by		BSA Tour permit #	
Adult Leader		Nights in a tent *	
Peaks*		Estimated BPH*	
Other – Awards*		Estimated BP Miles *	

** If applicable or If necessary for new hikes and routes, attached trail profile and map.

<u>ATTENDEES – (Alphabetically)</u>	
<u>Scouts - (indicate youth activity leaders)</u>	<u>Adults</u>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	
7.	
8.	
9.	
10.	

Insert rows if additional space is needed.

Summary for COH program (10-12 line max for <4 days, 20-25 >4 days duration):

DETAILED DESCRIPTION (optional):