

Weekend Menu Planner

Patrol: _____

Patrol Leader: _____

Purchase food based on [] Scouts and [] Adults

	Friday	Saturday	Sunday
Date	/ /	/ /	/ /
Breakfast			
Lunch			
Dinner			
Snack			
Notes			

		Patrol Name _____										
		PL	APL	3	4	5	6	7	8	9	10	
FRI	Snack	Prep										
		Cook										
		Clean										
SATURDAY	Breakfast	Prep										
		Cook										
		Clean										
	Lunch	Prep										
		Cook										
		Clean										
	Dinner	Prep										
		Cook										
		Clean										
Snack	Prep											
	Cook											
	Clean											
SUN	Breakfast	Prep										
		Cook										
		Clean										
Equipment responsibilities	Food											
	Stove											
	Propane											
	Patrol Box											
	Griddle											
	Water Jugs											
	Tent-1											
	Tent-2											
	Tent-3											

Duty Responsibilities:

Prep: Sets-up and starts stove / fire, works with Cook(s) to ready food, properly disposes of waste items and foreign materials from patrol's assigned area following completion of meal.

Cook: Properly prepares and serves meal to the patrol members. Cook is last to be served and is the one who determines if extra helpings are available to be distributed.

Clean: Properly cleans all items used by Prep and Cook (such as, but not limited to pots, pans, utensils, stoves, cutting boards) and properly stow items for next meal.

Patrol Leader directs personal items to be cleaned by: [] Clean Crew [] Individuals

Quartermaster: _____ Adult Leader: _____

Destination: _____ Dates: _____

	QTY OUT		QTY IN	COMMENTS	ATTN QTRMSTR
Administrative:	<input type="checkbox"/>	Roster	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Tour Permit	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Reservation receipt	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Directions	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Medical forms	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	_____	<input type="checkbox"/>		<input type="checkbox"/>
Tents / Tarps:	<input type="checkbox"/>	Youth Tent(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Adult Tent(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Dining Fly(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Tarp(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	_____	<input type="checkbox"/>		<input type="checkbox"/>
Cooking:	<input type="checkbox"/>	Stove(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Propane Tank(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Stove Stand(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Griddle(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Patrol Box(s)	<input type="checkbox"/>	#	<input type="checkbox"/>
	<input type="checkbox"/>	Water Jug(s) (filled)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Cooler(s) (3-gal)	<input type="checkbox"/>	fill one w/ ice	<input type="checkbox"/>
	<input type="checkbox"/>	Charcoal	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Aluminum foil	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Dutch Oven(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Patrol's Food	<input type="checkbox"/>		<input type="checkbox"/>
Lighting:	<input type="checkbox"/>	Lantern(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	White Fuel	<input type="checkbox"/>	w/ funnel	<input type="checkbox"/>
	<input type="checkbox"/>	Extra Mantel(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Match(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	_____	<input type="checkbox"/>		<input type="checkbox"/>
Misc Equipment:	<input type="checkbox"/>	Shovel(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Axe(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Rope	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Hammer(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	First Aide Kit(s)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	_____	<input type="checkbox"/>		<input type="checkbox"/>

TIME		ACTIVITY	IN CHARGE
FRIDAY	6P 00 30		
	7P 00 30		
	8P 00 30		
	9P 00 30		
	10P 00 30		
	11P 00 30		
SATURDAY	6A 00 30		
	7A 00 30		
	8A 00 30		
	9A 00 30		
	10A 00 30		
	11A 00 30		
	12P 00 30		
	1P 00 30		
	2P 00 30		
	3P 00 30		
	4P 00 30		
	5P 00 30		
	6P 00 30		
	7P 00 30		
8P 00 30			
9P 00 30			
10P 00 30			
11P 00 30			
SUNDAY	6A 00 30		
	7A 00 30		
	8A 00 30		
	9A 00 30		
	10A 00 30		
	11A 00 30		