



1ST PORT NELSON CAMP PLANNING CHECKLIST

Planning			
Camp Organizer(s):	1)	2)	
Dates:		Location:	
Facility/Campground Booked:	<i>To book a Scout camp in our area visit: http://www.cosccamps.ca/cosc_homem.asp to determine what is available/cost and reserve a spot</i>		
Facility Cost:		Transportation Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Activities Planned:			
Special Considerations:			
Scouts Canada Forms:	Camping and Outdoor Activity Application Form Completed: Link <input type="checkbox"/> Approved by Group Commissioner <input type="checkbox"/> Final copy submitted 1 week before camp <input type="checkbox"/> Camp details provided to parents <input type="checkbox"/> Permission form for <i>high risk</i> camps (rappelling, white water rafting etc.)		

Event Preparation				
Final confirmation of attendees: - 2 weeks in advance	1)			11)
	2)			12)
	3)			13)
	4)			14)
	5)			15)
	6)			16)
	7)			17)
	8)			18)
	9)			19)
	10)			20)
Accommodation: – Who is sharing tents?	Tent 1	Tent 2	Tent 3	Tent 4
	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
	Tent 5	Tent 6	Tent 7	Tent 8
	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
Who can drive: - Be sure to print & email out a map <ul style="list-style-type: none"> • To Camp: 	Leaders: <ol style="list-style-type: none"> 1. 2. 3. 4. 		Parents: <ol style="list-style-type: none"> 1. 2. 3. 4. 	
	<ul style="list-style-type: none"> • Home from Camp: 	Leaders: <ol style="list-style-type: none"> 1. 2. 3. 4. 		Parents: <ol style="list-style-type: none"> 1. 2. 3. 4.

Event Preparation Continued

Duty Roster:	Day 1	Breakfast:	1)	3)	5)
			2)	4)	6)
		Lunch:	1)	3)	5)
			2)	4)	6)
		Dinner:	1)	3)	5)
			2)	4)	6)
	Mug Up:				
	Day 2	Breakfast:	1)	3)	5)
			2)	4)	6)
		Lunch:	1)	3)	5)
			2)	4)	6)
		Dinner:	1)	3)	5)
			2)	4)	6)
	Mug Up:				
	Day 3	Breakfast:	1)	3)	5)
			2)	4)	6)
		Lunch:	1)	3)	5)
			2)	4)	6)
Dinner:		1)	3)	5)	
		2)	4)	6)	
Mug Up:					

Equipment Checklist: *Not every camp requires all gear listed below – this is a guideline*

FACILITIES:		KITCHEN:		COOKING GEAR:	
Tarp	<input type="checkbox"/>	Stove 1 (check for connector)	<input type="checkbox"/>	Pot Set 1	<input type="checkbox"/>
Rope	<input type="checkbox"/>	Stove 2	<input type="checkbox"/>	Pot Set 2	<input type="checkbox"/>
Pegs	<input type="checkbox"/>	Stove 3 – Grill	<input type="checkbox"/>	Fry Pan	<input type="checkbox"/>
Tents	<input type="checkbox"/>	Portable BBQ	<input type="checkbox"/>	Ladle	<input type="checkbox"/>
Hatchet/Mallet	<input type="checkbox"/>	Naptha - Fuel Bottles	<input type="checkbox"/>	Spatula	<input type="checkbox"/>
Poles	<input type="checkbox"/>	Propane Hoses	<input type="checkbox"/>	Cutting Board	<input type="checkbox"/>
File (hatchet Sharpening)	<input type="checkbox"/>	Matches/Containers	<input type="checkbox"/>	Knives	<input type="checkbox"/>
Axe	<input type="checkbox"/>	Propane Tree	<input type="checkbox"/>	Tongs	<input type="checkbox"/>
		Fire Extinguisher	<input type="checkbox"/>	Oven Mitts/Glove	<input type="checkbox"/>
		Lantern (Spare Mantles)	<input type="checkbox"/>	Tin Foil	<input type="checkbox"/>
		Propane Tank(s)		Herbs & Spices	<input type="checkbox"/>
		1lb	<input type="checkbox"/>	Can Opener	<input type="checkbox"/>
		5lb	<input type="checkbox"/>	Potholder	<input type="checkbox"/>
		20lb	<input type="checkbox"/>	Strainer/Sieve	<input type="checkbox"/>
		Camp Oven	<input type="checkbox"/>	Bowl(s)	<input type="checkbox"/>
				Measuring Cup	<input type="checkbox"/>
				Plastic Wrap/Zip Locks	<input type="checkbox"/>
OTHER GEAR:		STORAGE:		CLEANING:	
Trowel/Shovel	<input type="checkbox"/>	Portable Pantry	<input type="checkbox"/>	Wash Basins	<input type="checkbox"/>
Toilet Paper	<input type="checkbox"/>	Food Barrel(s)	<input type="checkbox"/>	Camp Soap	<input type="checkbox"/>
First Aid Kit	<input type="checkbox"/>	Cooler(s)	<input type="checkbox"/>	Bleach	<input type="checkbox"/>
Dry Sacks	<input type="checkbox"/>	Ice	<input type="checkbox"/>	Wash Cloth/Sponge	<input type="checkbox"/>
Saw	<input type="checkbox"/>	Gear Bin(s)	<input type="checkbox"/>	Pot Scrubber	<input type="checkbox"/>
Duct Tape	<input type="checkbox"/>	Rope to tie bins shut	<input type="checkbox"/>	Garbage Bag(s)	<input type="checkbox"/>
Fire Starter	<input type="checkbox"/>			Grey Water Net	<input type="checkbox"/>
Water Treatment					
Water Tablets	<input type="checkbox"/>				
Water Filter	<input type="checkbox"/>				

Event Preparation Continued

Menu Plans:
 Confirm with attendees
 any dietary requirements
 (vegetarian, diabetic etc.)

**KEY – You must review for
 food allergies. It is best
 practice to always go nut
 free for meals.**

<p>Day 1</p>	<p>Breakfast:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>	
	<p>Lunch:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>	
	<p>Dinner:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>	
	<p>Mug Up:</p>	
	<p>Day 2</p>	<p>Breakfast:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>
		<p>Lunch:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>
		<p>Dinner:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>
		<p>Mug Up:</p>
	<p>Day 3</p>	<p>Breakfast:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>
		<p>Lunch:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>
		<p>Dinner:</p> <p>Protein: Vegetable & Fruit: Carbohydrates: Drinks:</p>
		<p>Mug Up:</p>

Grocery List:

Tip: Figure out a single serving quantity and multiply it to determine you grocery quantities

Mug-up

Breakfast (1 or 2)

Lunch

Dinner

