Patrol:	Date:	Trip Name:
<u>Menu</u>	Grocery List	Equipment/Special Needs
Day 1 Lunch		
Fruit:		
Drink:		
Day 1 Dinner		
Vegetable:		
Drink:		
Dessert:		
Day 2 Breakfast		
Fruit:		
Drink:		
Day 2 Lunch		
Fruit:		
Drink:		
Day 2 Dinner		
Vegetable:		
Drink:		
Dessert:		

Menu	Grocery List	Equipment/Special Needs
Day 3 Breakfast		
Fruit:		
Drink:		
Day 3 Lunch		
Fruit:		
Drink:		
Day 3 Dinner		
Vegetable:		
Drink:		
Dessert:		
Day 4 Breakfast		
Fruit:		
Drink:		
Day 4 Lunch		
Fruit:		
Drink:		
Day 4 Dinner		
Vegetable:		
Drink:		
Dessert:		

<u>Menu</u>	Grocery List	Equipment/Special Needs
Day 5 Breakfast		
Fruit:		
Drink:		
Day 5 Lunch		
Fruit:		
Drink:		
Day 5 Dinner		
Vegetable:		
Drink:		
Dessert:		
Day 6 Breakfast		
Fruit:		
Drink:		
Day 6 Lunch		
Fruit:		
Drink:		
Day 6 Dinner		
Vegetable:		
Drink:		
Dessert:		
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<u>Menu</u>	Grocery List	Equipment/Special Needs
Day 7 Breakfast		
Fruit:		
Drink:		
Day 7 Lunch		
Fruit:		
Drink:		
Day 7 Dinner		
Vegetable:		
Drink:		
Dessert:		

Number of Patrol members eating: \_\_\_\_\_