## Program Planner

Name\_\_\_\_\_ Troop/Campsite\_\_\_\_\_

My top priorities to complete are:	1) 2)				
	3)		4)		
Some things I'd like to be able to do	1) 2)				
are:	3) 4)				
Some things I'm	1) 2)				
interested in that I could fill my extra	3) 4)				
time with					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session					
Afternoon					
Session					
Evening Session					
(check the Program Guide for available evening offerings)					