



# Girl Camping Record

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

District: \_\_\_\_\_ Area: \_\_\_\_\_

Camp Dates	# of nights	Camp Name (event)	Location (site)	Type of Camp (residential/tent)	Cooking Method/Type	Responsible Guider

Types of cooking and fuels you have used: \_\_\_\_\_

Can you pitch a tent?    Yes     No     What type? \_\_\_\_\_

What camping skills are you good at? \_\_\_\_\_