Troop 6 Event Attendance

Please complete this form immediately after the event and give to the Troop Awards Chairman.

Event: _____

Location: _____ Date(s): _____

Event Coordinator: _____ Phone: _____

Scout Attendees:	**# Nights Camped**	**Other (Service Hrs, etc.)**

Adult Attendees:	**# Nights Camped**	**Other (Service Hrs, etc.)**