

PROGRAM (Continued)

Check if Planned in Next 12 Months	Name of Volunteer(s) Who Will Carry Out Tasks	Total Volunteers Needed to Perform Tasks
<input type="checkbox"/>	Cub Scout Pow Wow	
<input type="checkbox"/>	Training Awards	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

Training Subtotal Needed _____

Recommended Camp Promotion and Outdoor Program Tasks

<input type="checkbox"/>	Resident Camp Promotion	
<input type="checkbox"/>	Local High-Adventure Base Promotion	
<input type="checkbox"/>	National High-Adventure Bases	
<input type="checkbox"/>	Cub Scout Outdoor Program	
<input type="checkbox"/>	10 Days and Nights of Camping	
<input type="checkbox"/>	Parent/Son Overnights	