

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"/>	Order of the Arrow	_____
<input type="checkbox"/>	Camperships	_____
<input type="checkbox"/>	National Camping Award	_____
<input type="checkbox"/>	Camp Standards and Policy (Tour Permits)	_____
<input type="checkbox"/>	Cub Scout Day Camp Promotion	_____
<input type="checkbox"/>	Venturing Outdoor Events	_____
<input type="checkbox"/>	_____	_____
Camp Promotion and Outdoor Program Subtotal Needed		_____

Recommended Activities and Civic Service Tasks

<input type="checkbox"/>	Promotion of Activities	_____
<input type="checkbox"/>	Camporees	_____
<input type="checkbox"/>	Varsity Scout Team Activities	_____
<input type="checkbox"/>	Venturing Activities	_____
<input type="checkbox"/>	District Installation and Recognition Program	_____
<input type="checkbox"/>	Pack Summertime Award	_____