BSA Troop 490 Activity Log

LEADERS: This form must be turned into the Advancements coordinator within 7 days of activity.

Activity Date: _____

Location: _____

Activity Detail:

Type of activity: ☐ Council/Natl. ☐ Troop ☐ Patrol

☐ Outing Number of camping nights: _____

☐ Service Project # of Service hours: _____

☐ Other (please describe) _____

Additional Activities:

☐ Backpacking Miles: _____ ☐ Rock Climbing

☐ Biking Miles: _____ ☐ Swimming

☐ Canoe/Kayak Miles: _____ ☐ Other: _____

☐ Hiking Miles: _____

Primary Leader: _____

Secondary Leader: _____

Participants: (You may attach a trip roster instead of filling this portion out)
Include all adults, Scouts and non-Troop 490 participants when traveling with troop.

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____