Shared Full Time Leader Days

Troop_____District Name_____Session_____Camp_____Campsite_____

	Leader Name	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Total by Leader
Ex.	John Scout	X	X				X	3
	Mike Camp			X	X	X		3
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								