

T428_Program Outline

(Fill out in pencil.)

Responsible Scouts:		
Program Subject:		
Date of Presentation:		Date Outline is Due:
Program Plan:		Adult Mentor:
Week 1: _____ _____ _____		
Week 2: _____ _____ _____		
Week 3: _____ _____ _____		
Guest Speaker or Alternate Meeting Location: _____		
Materials To Be Used:	☐ Have	☐ Needed
_____ _____		
Approvals	Signature	Date
Senior Patrol Leader		
Scoutmaster		