CAMPING SERVICE TRAIL HIKE REPORT

Hike re	port on		I rail
	_	-	unit can be made if a valid ers of the unit hiking a council
Troop Crew F		1	kplorers are members of Pack, _District and have hiked the
Number of Scot	uts/Venturers/Explorers	Numb	per of adults
PLEASE PRII			
Name:		Position in unit	t:
Phone: ()	Email:	
2nd 3rd t 4th t Cold Ship Writ	I emblems @ \$3.00 time foot emblem @ time foot emblem @ time foot emblem @ or Trail emblem @ \$0ping & Handling (if the address on back of the second	2) .50 each, totaling 2) .50 each, totaling 3) .50 each, totaling 33.00 each, totaling mailing) - \$4.00 of form.	\$ \$ \$ \$ \$ \$ Total \$
TRAILS COMM	MITTEE OF PROBLE	MS OR CONCERNS. US	BELOW TO HELP ALERT OUR BE OTHER SIDE OF FORM IF I'H AREAS OF CONCERN -

Return this report with check or money order to the Camping Service. Greater St. Louis Area Council, B.S.A. 4568 West Pine Blvd., St. Louis, MO 63108

Note: Submit this form whether you purchases patches or not. The Camping Service would like to maintain accurate records on the number of people hiking the trails.