

Camp Fire Monthly Club Report

Month: _____

Leader: _____

Club Level: _____

Attendance

Youth Name	Date:	Date:	Date:	Date:

Activity: (Program trail and project. Include any special activities &/or council events.)

Additional adults who assisted with meetings or events: _____

Leader volunteer hours: _____

Please submit this form & pictures of activities/meetings to hello@campfiresuya.org