

# A Camp Promotion Project of Mishigami Lodge 29 Order of the Arrow

## Cub Scout Camping Michigan Crossroads Council



BOY SCOUTS  
OF AMERICA

MICHIGAN CROSSROADS COUNCIL



When this form is completed and signed, email to arrowhead-camper@mishigami.org or visit [www.mishigami.org/arrowhead-camper](http://www.mishigami.org/arrowhead-camper) and complete the form.



# Cub Scout

## ARROWHEAD CAMPER

### SCORECARD



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Pack \_\_\_\_\_

District \_\_\_\_\_

**Michigan Crossroads Council, BSA**

# Cub Scout DEN/PACK ACTIVITIES

Participate with your Den/Pack in at least 3 of the following activities in a 12 month period.

Date	Den Leaders Initials	Activity
_____	_____	Conservation Project
_____	_____	Day Hike
_____	_____	District Spring Event
_____	_____	Community Service Project
_____	_____	Parent/Son Activity
_____	_____	District Winter Event

## SHORT-TERM CAMPING

Participate in 2 backyard and/or family campouts in the 12-month period.

Date	Location
_____	_____
_____	_____



## LONG-TERM CAMPING

Participate in one of the following camping activities in a 12 month period.

- Attend a Day Camp
- Cub Overnight Camp (2-3 days)

Date \_\_\_\_\_

Location: \_\_\_\_\_

Den Leaders Initials \_\_\_\_\_

I hereby approve this Scout for recognition as an Arrowhead Camper.

Date: \_\_\_\_\_

\_\_\_\_\_

Cubmaster's Signature

