

Camp Friedlander

TRAILBLAZER REQUIREMENTS

Please make or save a copy of this page for each Trailblazer participant.

Dear Trailblazer Participant,

Place a checkmark in the appropriate boxes to indicate the requirements you have completed prior to camp. This information will be used to group participants into patrols with others who need to complete similar requirements.

Please note, this is a list of requirements that MAY be completed at camp. The staff will work with each participant to try to advance them as much as possible within the confines of the program and the time available.

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Name: _____

Troop: _____

Dates attending camp: _____

Session attending: Morning: _____ **Afternoon:** _____

Scout	X	Tenderfoot	X	2nd Class	X	1st Class	X
1a		1c		1b		3a	
1c		3a		2a		3b	
1d		3b		2d		3c	
1e		3c		2f		3d	
1f		4a		2g		4a	
4a		4b		3a		4b	
4b		4c		3c		5a	
		5a		3d		5b	
		5b		4		5c	
		5c		5a		5d	
		7a		5c		6b	
		7b		5d		6c	
		8		6a		6d	
				6b		6e	
				6c		7a	
				6d		7b	
				6e		7c	
				8a		7f	
				8b		9a	
				8e		9d	
				9a			
				9b			

Scoutmaster,

Please submit this form at the 10-day out meeting (or earlier) or email information to herb.packard@scouting.org.