Trail Program Roster

○ Pack
○ Troop Number: _____ District: _____ Council: _____
○ Crew

Which trail program did your unit complete?

	Requirement:	Leader's intials & date:
○ Frog Jog	1. Review the literature.	_____
○ Bluebird	2. Be prepared!	_____
○ Cardinal	3. Go on a hike.	_____
○ Raptor	4. Learn during the hike.	_____
○ OA	5. Do a good turn.	_____
○ History		

Roster of scouts and registered adults who completed all requirements above:

_____ _____
_____ _____
_____ _____
_____ _____
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_____ _____
_____ _____
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_____ _____
_____ _____

Firelands RESERVATION TRAIL HIKER

Approved, signed, and dated by:

_____ _____
Unit Leader Camp Master, Director, or Ranger