

Name of Scout: _____

Name of Recipe: _____

Date: _____

Method of Cooking: (choose one)

- Baking
- Boiling
- Broiling
- Pan Frying
- Simmering
- Steaming
- Microwaving
- Grilling
- Foil Cooking
- Dutch Oven Cooking

Meal Type: (choose one)

- Breakfast
- Lunch
- Dinner
- Dessert

Location of Meal: (choose one)

- Home
- Camp
- Trail/Backpacking

Shopping List

Ingredient	Quantity	Cost
Total Cost		



Procedure:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Meal Requirements:

- **Home:**
 - 5 of the 10 cooking methods
 - 1 of each meal (breakfast, lunch, dinner, dessert)
- **Camp:**
 - 2 of the 10 cooking methods
 - 1 must be from Dutch Oven/Foil Cooking/Kabob
 - 1 of each meal
- **Trail:**
 - 1 over open fire/trail stove

Adult/Youth Taste Tester's Rating

Leader Verification Signature

_____ out of 10



(1 is awful, 10 is awesome)