



OAL PROGRAM Tracking Form

Use this form to track your completion of OAL training and camping experience. When you have fulfilled the requirements for your OAL Go camping pin, send a copy of this form to your camping adviser or mentor.

Name:		iMIS:	
E-mail:		Tel: () -	
Address:			
Street	City/Town	Prov.	Postal Code

Training

OAL Foundation Stream – Residential Camping

Modules	Date of training	Trainer
<i>Leading</i>		
<i>Planning</i>		
<i>Food and Nutrition</i>		
<i>Camp Life</i>		

Enrichment – Tent Camping

Modules	Dates including overnight in a tent	Trainer
<i>Planning and Packing</i>		
<i>Tents and Tarps</i>		
<i>Kitchens and Cooking</i>		
<i>Activities and Program</i>		
<i>Overnight</i>		

Camping Experience

Camp location	Date of camp (y-m-d)	# of nights	Residential or tent?	Responsible Guider?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

To be completed by camping adviser or mentor to confirm completion of camping experience:

Name of camping adviser or mentor :

iMIS #:

(Camping Advisers or Mentor to arrange for Guider to receive her OAL: Go camping pin)