

Blue Cord Planner

[Insert Date in table here]

(Fill out only what you need to still accomplish. Tick and date when done)

Campcraft

Knots and Lashings

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Fire and Fuel

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Safety and Survival

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Navigation

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Cooking

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

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Camp Activity

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Journey

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

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Citizenship

Ethics

<input type="checkbox"/>	
<input type="checkbox"/>	

1st Aid

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Leadership

<input type="checkbox"/>	
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Good Turn

<input type="checkbox"/>	
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Option 1 [.....]

<input type="checkbox"/>	
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Option 2 [.....]

<input type="checkbox"/>	
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Option 3 [.....]

<input type="checkbox"/>	
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Option 4 [.....]

<input type="checkbox"/>	
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Option 5 [.....]

<input type="checkbox"/>	
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3rd Target [.....]

Part 1 [.....]

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Part 2 [.....]

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Part 3 [.....]

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Part 4 [.....]

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Part 5 [.....]

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

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Other Requirements

Proficiency Badges

<input type="checkbox"/>	
<input type="checkbox"/>	

Patrol Activity

<input type="checkbox"/>	
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Leadership Course

<input type="checkbox"/>	
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Finish

Finish Date: