

# On My Own Try It

(Completed outside of meetings)

Troop # \_\_\_\_\_

Name \_\_\_\_\_

Try It \_\_\_\_\_

	Description of Activity	Date	Parent's Initial
1			
2			
3			
4			

Try-It \_\_\_\_\_

This Try-It taught me about:

---

---

---

---

---

---

---

My favorite activity was:

---

---

---

---

---

---

---

Girl Signature \_\_\_\_\_

Supervising Adult \_\_\_\_\_

Date \_\_\_\_\_