



Resource Stewardship Scout Ranger Program

Activity Tracking Sheet

Scout's Name: _____

Troop Name: _____



Date of Project/ Program	Park	Park Contact	What I did	What I learned	Total Hours
Total Hours					

I certify that I personally worked on these projects for the provided hours.

Scout's Signature _____

Date _____

I certify that these hours accurately represent the work the participant conducted on the listed projects.

Verifier's Signature _____

Date _____