



Troop's Own Try-It Application

Person in Charge _____

Email: _____

Day Phone: _____

Cell: _____

Address: _____

City, Zip: _____

Title of the Try-It: _____

Requirements:

1. _____

2. _____

3. _____

Continued on other side





4. _____

5. _____

6. _____

Design:

