



CAMP ROSTER

Date Attending _____
Troop or Pack # _____
Council _____

Camp _____
Campsite _____
District _____

Any mid-session leadership changes should be noted on this form, as visitors are not allowed at camp this summer.

OVERNIGHT ADULTS IN CAMP

NIGHTS IN CAMP
(Mark with an X in box)

Name AND Cohort #	Phone Number	S	M	T	W	Th	F	S

YOUTH

Den/Patrol Name: _____		
Name	Age	Phone
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Den/Patrol Name: _____		
Name	Age	Phone
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Den/Patrol Name: _____		
Name	Age	Phone
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Drivers ONLY (not staying at camp)		
Name	Cohort	Phone
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

