

CAMP ROSTER

[Complete a separate form for each camp — Please PRINT all information requested — Bring this form to camp with you]

Circle One: Cub Scout Resident Camp Circle One: Pack Troop Unit No. _____ Week No. _____

Webelos Resident Camp Unit Contact Person _____

Boy Scout Summer Camp Phone Day (_____) _____ Evening (_____) _____

Campsite Reserved (Summer Camp Only) _____

Dist/Div (Circle One): Arrowhead Grand River Headwaters Whispering Pines Shore Steel Valley

PATROL NAME / DEN NUMBER				
Patrol / Den Leaders				
No	Scout's Name	Member ID #	Medical Form	Camper Release
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PATROL NAME / DEN NUMBER				
Patrol / Den Leaders				
No	Scout's Name	Member ID #	Medical Form	Camper Release
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PATROL NAME / DEN NUMBER				
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No	Scout's Name	Member ID #	Medical Form	Camper Release
1				
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3				
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6				
7				
8				
9				
10				

PATROL NAME / DEN NUMBER				
Patrol / Den Leaders				
No	Scout's Name	Member ID #	Medical Form	Camper Release
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

ADULT LEADERS				
Scoutmaster / Cub Leader				
No	Leader's Name	Member ID #	Medical Form	Camper Release
1				
2				
3				
4				
5				