

SUMMER CAMP ROSTER

PACK/TROOP/POST/CREW _____

BOROUGH/COUNCIL _____

DISTRICT _____

WEEK _____

CAMP _____

SITE _____

ARRIVAL DATE _____

DEPARTURE DATE _____

SITE GUIDE _____

PLEASE PRINT OR TYPE – PRESS HARD

PLEASE COMPLETE A DIFFERENT FORM FOR EACH WEEK

OFFICE USE ONLY	ADULT LEADERS (OVER 18) NAME	ADDRESS	HOME PHONE NUMBER	AGE	DATE YOUTH PROTECTION TRAINING COMPLETED	YEAR OF LEADER TRAINING
1						
2						
3						
4						
5						

OFFICE USE ONLY	SCOUTS (UNDER 18 YRS OF AGE) NAME	ADDRESS	HOME PHONE NUMBER	AGE	HOME UNIT	OFFICE USE
1						
2						
3						
4						
5						
6						
7						
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9						
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12						
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19						
20						

I HAVE RECEIVED LEADER'S GUIDES FOR ALL ADULTS IN MY UNIT. ALL LEADERS WHO HAVE NOT COMPLETED A YOUTH PROTECTION TRAINING COURSE WILL ATTEND THE TRAINING ON MONDAY. OUR SITE GUIDE COMPLETED A TOUR OF CAMP AND ORIENTATION. ALL LEADERS ATTENDED SCOUT LEADER'S TRAINING.

UNIT LEADER _____ DATE _____ CAMP DIRECTOR VERIFICATION _____