

SCOUTS BSA SUMMER RESIDENT CAMP TROOP ROSTER

Date Attending _____
Troop _____
Council _____

Camp _____
Campsite _____
District _____

Please fill in roster completely. If you wish to computerize, feel free to do so (as long as the requested information is similarly formatted). This form is available on our council website at www.cpcbsa.org. Take this roster to camp with you.

OVERNIGHT ADULTS IN CAMP

NIGHTS IN CAMP (Mark with an X in box)

Name	Phone Number	S	M	T	W	Th	F	S

YOUTH

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

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

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

Adult Visitors		
Name	Age	Phone
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Membership Check by _____ Date _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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