

Camp Roster

District/Council/Org. name: _____ Unit #: _____

Leader: _____ Emergency contact: _____

Address: _____ Phone #: _____

Phone #: _____

Camp date: _____ to _____ Campsite: _____
 A - Adult total _____
 Y - Youth total _____

Name	A/Y	Phone #
1.		
2.		
3.		
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25.		

Name	A/Y	Phone #
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Separate roster required for each visit to camp.