

Complete this form in Triplicate. One to Council Office by May 1, One to Camp Office during check-in, and the other for your own records

Page: \_\_\_\_\_ of \_\_\_\_\_

Troop Number \_\_\_\_\_  
 Council \_\_\_\_\_  
 District \_\_\_\_\_

Session \_\_\_\_\_

Camp \_\_\_\_\_  
 Campsite \_\_\_\_\_

**TROOP ROSTER**

	Name	Phone #	Address	City	State/Zip	Date of Birth			Rank	Yr @ Camp	Special Dietary Needs?	OA Status		
						MO	Day	YR						
1														
2														
3														
4														
5														
6														
7														
8														
9														
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21														
22														
23														
24														
25														
26														
	Adults	Phone #	Address	City	State/Zip	Special Diet?	Circle Days in Camp							
1							S	M	T	W	R	F	S	-ALL-
2							S	M	T	W	R	F	S	-ALL-
3							S	M	T	W	R	F	S	-ALL-
4							S	M	T	W	R	F	S	-ALL-
5							S	M	T	W	R	F	S	-ALL-
6							S	M	T	W	R	F	S	-ALL-
7							S	M	T	W	R	F	S	-ALL-