Troop Roster

Troop # ________ Council ____________________ Scoutmaster/Delegate ____________________________

Period Camping __________ (1 through 5) Camp ___________________ (Dan Beard / Billett) Campsite(s) ______________________________

Please list all Scouts and adults that will be attending summer camp. (include part time leaders)

Group Scouts and adults separately Last Name, First Name	Phone #	Age	Scoiuts and Full time adults leave blank Part time adults (x) each day in camp Su	M	Tu	W	Th	F	Sa