

CAMP ROSTER

UNIT LEADER: _____ UNIT: _____ DISTRICT: _____

CAMP: _____ CAMPSITE: _____ SESSION: _____

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Adult Leaders	Date in Camp	Emergency Contact	Emergency Phone

Youth Names	Rank	Age	Emergency Contact	Emergency Phone
SPL				

SPL – Senior Patrol Leader (Troops only)

BRING 3 COPIES OF THIS FORM TO CAMP WITH YOU