Boy Scout/Venturing
Resident Camp Unit Roster

Dates Attending _____ Camp _____
☐ Troop ☐ Crew # _____ Campsite _____
Council _____ District _____

Please fill in the roster completely. You will need (4) copies of this roster: one for medicals, one for the Program Hall office, one for swim checks, and one for posting on your campsite bulletin board.

ADULTS IN CAMP **DAYS IN CAMP**
(Mark with an X in box)

Name	**Phone Number**	S	M	T	W	H	F	S

YOUTH

Patrol Name _____

Name	**Age**	**Phone**

Patrol Name _____

Name	**Age**	**Phone**

Patrol Name _____

Name	**Age**	**Phone**

Patrol Name _____

Name	**Age**	**Phone**