



Troop Roster

Please Print or Type all information. Please turn this form in at Camp check-in

Troop # _____ Council _____

Session 1: June 9 – June 15

Session 2: June 16 – June 22

Campsite _____ Adults # _____ Youth # _____

Name (Adults)	Full Time	Part Time	Phone number
SM			
SA			
SA			
SA			

Name (Youth)	Rank	Age	Phone number
SPL			
ASPL			

Patrol Name

PL			
APL			

Patrol Name

PL			
APL			

Please complete page 2 for additional campers. Please complete Camp Scoutmaster info on page 2.

