

Troop Roster

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

Council

Session 1: June 9 – June 15

Session 2: June 16 – June 22

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.				



Troop Roster, PAGE 2

Name (Youth)	Rank	Age	Phone number
Patrol Name			
PL			
APL			
Patrol Name			
PL			
APL			
Camp Scoutmaster Name:			
Camp Scoutmaster Name.			
Address:			
City: State: _		Zip:	
Phone Number(s):			
Email address:			