Troop Roster

PLEASE TURN IN TWO COPIES OF THIS FORM AT CHECK-IN.

Total # of Scouts: ____

Total # of Adults: ____

Total # of 1/2 Week: ____

Troop #: _____ Council: _____ District: _____

Week #: _____ Campsite #: _____ # of Scouts: _____ # of Adults: _____

Leader's Name: _____ Position: _____

Phone Number (___)_____-_____ Emergency # while at Camp: (___)_____-_____

Name	Address	City/State	Phone#	# of Night
SM				
ASM				
ASM				
ASM				
ASM				
ASM				
ASM				
ASM				
SPL				
ASPL				
PL				
PL				
PL				