

CAMP SUNRISE CAMP ROSTER

PACK # _____ TOWN _____ DISTRICT _____

WEEK _____ SITE _____ # OF CUB SCOUTS _____ # OF ADULTS _____

ADULT ROSTER

PLEASE LIST **PRIMARY CAMP LEADER FIRST**

PLEASE ✓ THE DAYS ADULT WILL BE IN CAMP

<u>NAME</u>	<u>PHONE</u>	<u>SUN</u>	<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THUR</u>	<u>FRI</u>	<u>SAT</u>
1								
2								
3								
4								
5								

CUB SCOUT ROSTER

PLEASE LIST **ALPHABETICAL - LAST NAME FIRST**

<u>NAME</u>	<u>PHONE</u>	<u>DOB</u>	<u>WEBELOS II ROTATION</u> PLEASE ✓	<u>EMERGENCY CONTACT</u>	
				<u>NAME / RELATION</u>	<u>PHONE</u>
1					
2					
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19					
20					

Please Indicate Webelos II that want to participate in the Webelos II program with a ✓ in the Webelos II Rotation column
Remember the Program will be capped at 36 Participants each week! Get your Rosters in Early!!!