TROOP ROSTER

Unit # _____ Town _____

Week _____ Site _____ # of Scouts _____ # of Adults: _____

Adult Roster

Please list **Primary camp leader first**. Last name first. Please check the days the adult will be in camp.

Name	Phone	Sun	Mon	Tue	Wed	Thurs	Fri	Sat

Youth Roster

Please list ALPHABETICAL — Last name first

Name	Phone	DOB	Rank	Emergency Contact