**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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | | **PHONE** | **SUN** | **MON** | **TUE** | **WED** | **THUR** | **FRI** | **SAT** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |

**CUB SCOUT ROSTER**PLEASE LIST ALPHABETICAL – LAST NAME FIRST

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | | **DOB** | **Half Week PLEASE √** | **Full Week PLEASE √** | **Scout Rank\*** | **EMERGENCY CONTACT INFORMATION** | |
| **At start of next School year** | **Name** | **Phone** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |

\*Please Indicate the Scout Ranks as Wolf, Bear, Webelos and Arrow of Light (AOL) based on what rank they will at the start of the next school year.

**Remember the Arrow of Light (AOL) Program will be capped at 36 Participants each week! Get your Rosters in Early!!!**