

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>DOB</u>	<u>Half Week</u> PLEASE ✓	<u>Full Week</u> PLEASE ✓	<u>Scout Rank*</u> At start of next School year	<u>EMERGENCY CONTACT INFORMATION</u>	
						<u>Name</u>	<u>Phone</u>
1							
2							
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*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!!!