

CAMPER ROSTER

Please **print** clearly. This form must be completed by all groups and presented upon arrival at camp.

GROUP NAME/NUMBER: _____ **COUNCIL/REGION/DISTRICT:** _____ **HOME TOWN:** _____

CAMPSITE: _____ **ARRIVAL DATE:** _____ **DEPARTURE DATE:** _____

SCOUTER IN CHARGE	ADDRESS	CITY	PROV/ STATE	POSTAL/ ZIP CODE	PHONE NUMBER	# OF NIGHTS	SWIMMING ABILITY	# OF NIGHTS

OTHER SCOUTERS/ADULTS – ALL MUST MEET SCOUTS CANADA SCREENING REQUIREMENTS

SCOUTERS NAMES	ADDRESS	CITY	PROV/ STATE	POSTAL/ ZIP CODE	PHONE NUMBER	# OF NIGHTS	AGE	SWIMMING ABILITY	PERMISSION TO SHOOT

PLEASE LIST ALL CAMPERS ON A SEPARATE PAGE .

