BERT ADAMS SCOUT CAMP

BERT ADAMS SCOUT CAMP UNIT ROSTER

UNIT INFORMATION

Total Number of Youth:_____

Unit #: _____

Council: _____

Total Number of Adults_____

Date of Arrival: _____

District: _____

Leader in Charge: _____

Phone Number: _____

INSTRUCTIONS

Please list the members of your Unit attending camp this week. Turn in a copy of this form at the Camp Office during check-in.

"Write Y" for Youth or "A" for Adult in the first column. Please enter contact information for Adults.

Youth/Adult	Name	Email (if Adult)	Phone (if Adult)