

# Cub Scout Resident Camp Unit Roster

(To be turned in at registration check-in upon arrival. List all Campers)

Pack # \_\_\_\_\_ Council: \_\_\_\_\_

Pack  
Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Youth Name Den 1	Grade	Male Female	Medical Form	Consent Form
1				
2				
3				
4				
5				
6				
7				
8				

Youth Name Den 2	Grade	Male Female	Medical Form	Consent Form
1				
2				
3				
4				
5				
6				
7				
8				

Adult Participants	Grade	Male Female	Medical Form	Consent Form
1				
2				
3				
4				
5				
6				
7				
8				

Office Use
Session I June 2 - 4, 2017 _____
Session II June 9 - 11, 2017 _____

