CUB SCOUT ROSTER AND CHECK OFF FORM

Bring 2 copies of this form

Unit # _____ Pack's Council _____ District _____

# of Adults _____ # of Youth _____ Campsite _____

Adult Leaders (please list in alphabetical order)	Emergency contact	Number	Med form (A & B)	Copy of Insurance card	YPT Certificate

Scouts (Please list in alphabetical order)	Emergency contact	Number	Med form (A & B)	Copy of Insurance card	Range and Target Activities Permission Form