

Event Roster

Event Name _____

Location _____ Date _____

Unit _____ Registration # _____

Participants

Please list each participant of the event in the table below

First Name	Last Name	Registrant Type

Registrant Type: Cub Scout Youth, Youth Participant, Youth 5 & Under, Family, Staff

Health Forms/Physical Limitations

Does everyone on this roster have a complete BSA Health and Medical form at camp? Y / N Initial _____

Does anyone on this roster have any allergies, limitations, or medical conditions we need to be aware of? * Y / N Initial _____

*If yes, please review with the Camp Director