

2025 CUB SCOUTS SUMMER CAMP UNIT ROSTER

GREAT FALLS COUNCIL, BSA

UNIT PLANNING TOOL

Pack Number: _____

District Name: _____ Council Name: _____

Campsite: _____

Week we are attending: _____ Camp Attending: _____

In-camp primary unit leader: _____

Unit Position: _____

Secondary in-camp unit leader: _____

Unit Position: _____

| Camper Name Ratio: 1 Adult to 4 Youth | Birthday | Member ID | E-mail | T-Shirt Size | Allergies | Med. Form | Early Release |
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