

Camp Wilderness Summer Camp Roster

Troop
Number: _____

Council Name: _____

District: _____

Week Number: 1 2 3 4 5 6

Campsite: _____

Adult Leaders

Days at Camp

Authorized to charge at
Trading Post

Adult Leaders	Days at Camp	Authorized to charge at Trading Post
1	S M T W Th F S	Yes / No
2	S M T W Th F S	Yes / No
3	S M T W Th F S	Yes / No
4	S M T W Th F S	Yes / No
5	S M T W Th F S	Yes / No
6	S M T W Th F S	Yes / No
7	S M T W Th F S	Yes / No
8	S M T W Th F S	Yes / No
9	S M T W Th F S	Yes / No
10	S M T W Th F S	Yes / No

Scouts / Youth

1	17
2	18
3	19
4	20
5	21
6	22
7	23
8	24
9	25
10	26
11	27
12	28
13	29
14	30
15	31
16	32

Please put a star (*) by any Scouts who have restrictions on who they may leave with, or who can pick them up from camp

Please list only the Scouts, adults, and siblings who are attending camp with you this week.

Unit Leader

Business Manager or Admin Staff