

SHORT TERM CAMP ROSTER

Date ___/___/___

Beaumont Firelands

Campsite/Cabin: _____

Event: _____

Primary Adult Leader's Name: _____

Cell #: _____

Secondary Adult Leader's Name: _____

Cell #: _____

Unit Number: _____
Crew Pack Troop
Area/District: _____
Council: _____
Number of Campers: _____

Adult	Youth	Name	Cell Number	Address	Email	Temp.
		1.				
		2.				
		3.				
		4.				
		5.				
		6.				
		7.				
		8.				
		9.				
		10.				