

Pacific Trail District

CAMPOREE ROSTER

SCOUTMASTER _____ TROOP # _____

Primary Contact Person: _____ Cell #: _____

Secondary Contact Person: _____ Cell #: _____

NUMBER OF SCOUTS: _____ Number of ADULTS: _____ Number of Webelos: _____

ADULTS ATTENDING

Name	Attending: Full Event	Saturday Only	Wilderness First Aid Trained
_____	M / F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	M / F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	M / F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	M / F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	M / F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	M / F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	M / F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	M / F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCOUTS ATTENDING

Patrol Name: _____ M / F Please circle Male or Female

Scout Names: _____ M / F

_____ M / F

_____ M / F

_____ M / F

_____ M / F

_____ M / F

_____ M / F

_____ M / F

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Scout Names: _____ M / F

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_____ M / F

_____ M / F

_____ M / F

_____ M / F

_____ M / F

Patrol Name: _____ M / F

Scout Names: _____ M / F

_____ M / F

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_____ M / F

_____ M / F

_____ M / F

_____ M / F

Make additional copies of this page for additional patrols / Scouts