

CAMP ROSTER - ADULTS / LEADERS

Troop #	Council:	District:
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Campsite:	Week in camp:
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ALL UNITS MUST HAVE A SEVERE WEATHER TRAINED ADULT WITH THEM ON ALL OVERNIGHT CAMPING TRIPS

*****Please Mark Y for YES
or N for NO*****

**DAYS IN CAMP
Mark with an X**

	NAME	CELL PHONE	Basic Leader Training	Leader Specific	Youth Protection Trained	Severe Weather Trained	Safety Afloat / Safe Swim	CPR Trained	First Aid Trained	Health & Medical Form	Outdoor Leader Skills	Woodbadge	Auto License Plate #	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
13																						
14																						

ALL UNITS MUST SHOW PROOF OF YOUTH PROTECTION TRAINING BY ALL ADULTS STAYING IN CAMP WITH YOUTH

ALL HEALTH FORMS MUST HAVE A CURRENT TETANUS SHOT - DATE MUST BE WITHIN 10 YEARS OF START DATE OF YOUR WEEK AT CAMP