

Summer Camp Unit Roster



BOY SCOUTS OF AMERICA®
CASCADE PACIFIC COUNCIL

Dates Attending: _____
Camp: _____
Council: _____

Unit # _____
Campsite _____
District _____

Must be completed and turned in to staff upon arrival. Fill in roster completely all fields required. All adults attending, visiting, or mid-session leadership changes must be listed. Available online: www.cpcbsa.org/tools/camping-forms

OVERNIGHT ADULTS IN CAMP

NIGHTS IN CAMP
(Mark with an X in box)

Name	Phone Number	S	M	Tu	W	Th	F
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

YOUTH

Patrol/Den Name: _____			
Name	Age	Phone	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Patrol/Den Name: _____			
Name	Age	Phone	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Patrol/Den Name: _____			
Name	Age	Phone	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

ADULT VISITORS				
(Write which day each visitor will be at camp and mark an X for each meal)				
Name	Day	B	L	D
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Membership Check by _____ Date _____