SCOUTMASTERS CAMPOREE
ROSTER OF PARTICIPANTS

Unit Type & # _____ Total # of Scouts _____
Council _____ Site # _____ Total # of Adults _____
Number of Patrols / Dens _____ Total # of Siblings _____
Emergency Phone# _____ Total Participants _____
This number will be added to our emergency text system if it is not already enrolled.

The total participants must equal the total unit fee paid. The weekend patches are guaranteed based on paid participants as of 1/31.

Unit leader _____ SPL _____

List all Scouts and adults

Y/A	Name	Y/A	Name

(USE ADDITIONAL PAGE IF NECESSARY)

Email Form