

TROOP CAMP ROSTER

*** Please complete before coming to camp**

Insurance Company	Policy Number	Exp. Date
SM	City/Town	
ASM	From	To

	HOME PHONE	MED. EXAM FORM	# of YEARS AS CAMPER	CURRENT RANK	SWIM CLASSIFICATION	DATE of BIRTH	MEDICAL NOTE
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PATROL NAME							
1. (PL)							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

PATROL NAME							
1. (PL)							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

TOTAL SCOUTS	TOTAL LEADERS	CHECKED BY
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Please make 3 copies, one for your use and two to be turned over at check-in

TROOP CAMP ROSTER (cont)

	HOME PHONE	MED. EXAM FORM	# of YEARS AS CAMPER	CURRENT RANK	SWIM CLASSIFICATION	DATE of BIRTH	MEDICAL NOTE
PATROL NAME							
1. (PL)							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
PATROL NAME							
1. (PL)							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
TOTAL SCOUTS	TOTAL LEADERS		CHECKED BY				
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