

# Day Camp Den Roster

**Circle Camp:**    Discovery                      Ireland                      Lewis                      Willamette  
                         Calapooia    Chinook    Eagle Valley    Fort Clatsop    Mid-Columbia    Tillamook

**Pack #** \_\_\_\_\_ **District** \_\_\_\_\_ **Res #** \_\_\_\_\_

**Week in Camp** \_\_\_\_\_ **Camp Den Name** \_\_\_\_\_

**Please return this form to the council at or before your camp's pre-camp meeting.**

Adults/Den Chiefs in Camp	Circle Days in Camp	Adults/Den Chiefs in Camp	Circle Days in Camp
	M T W TH F		M T W TH F
	M T W TH F		M T W TH F
	M T W TH F		M T W TH F
	M T W TH F		M T W TH F
	M T W TH F		M T W TH F

**Please include Phone Numbers of Den Chiefs.**

Medical Alert: Place a check mark on those youth who have a medical condition noted on Class-1 Medical Form.

Place "A" for Absent and "P" for Present for Each Scout, Each Day.

**FILL OUT AT CAMP**

Name of Scout	Phone	Medical Alert	*Insurance	Mon	Tues	Wed	Thurs	Fri
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

**Membership Checked By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Insurance: Place "I" for individual;  
Date: "P" for Pack; and "S" for Short-Term. To apply for Short-Term Insurance, use form in Program Guide.