

# Boy Scout/Venturing Resident Camp Unit Roster

Date Attending \_\_\_\_\_ Camp \_\_\_\_\_ **Res #** \_\_\_\_\_  
 Troop  Team  Crew # \_\_\_\_\_ Campsite \_\_\_\_\_  
 Council \_\_\_\_\_ District \_\_\_\_\_

Please fill in roster completely. If you wish to computerize, feel free to do so (as long as the requested information is similarly formatted), this form is available on our council website at [www.cpcbsa.org](http://www.cpcbsa.org). Please mail this form to the Council Service Center at the address above, by June 1<sup>st</sup>.

### ADULTS IN CAMP

### DAYS IN CAMP

(Mark with an X in box)

| Name | Phone Number | S | M | T | W | Th | F | S |
|------|--------------|---|---|---|---|----|---|---|
|      |              |   |   |   |   |    |   |   |
|      |              |   |   |   |   |    |   |   |
|      |              |   |   |   |   |    |   |   |
|      |              |   |   |   |   |    |   |   |
|      |              |   |   |   |   |    |   |   |

### YOUTH

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

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

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

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

Membership Check by \_\_\_\_\_ Date \_\_\_\_\_

|                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|