

Day Camp Den Roster

3 copies of this form are required
Presented by Cascade Pacific Council



BOY SCOUTS OF AMERICA®
CASCADE PACIFIC COUNCIL

Camp Attending _____ Pack # _____ District _____

Reservation # _____ Week in Camp _____ Camp Den Name _____

Please return these forms to your Camp Director at your camp's pre-camp meeting or other designated time.

Adults/ Den Chiefs in Camp	DC	Days in Camp					Adults/ Den Chiefs in Camp	DC	Days in Camp				
		M	T	W	T	F			M	T	W	T	F
		M	T	W	T	F			M	T	W	T	F
		M	T	W	T	F			M	T	W	T	F
		M	T	W	T	F			M	T	W	T	F
		M	T	W	T	F			M	T	W	T	F

Please check the DC box if the person listed is a Den Chief.

Medical Alert: Place a check mark on those youth who have a medical condition noted on part A of the 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	Grade & Rank	Mon	Tues	Wed	Thu	Fri
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Membership Checked By: _____ **Date:** _____