

TROOP ROSTER

(This form to be completed by the Summer Camp Coordinator)

Troop #

Council

Campsite

Week #

Summer Camp Coordinator: _____

Phone # (_____) _____

Email _____

PLEASE PRINT Leader Names	Payments			Forms		L= Learner B- Beginner S= Swimmer
	Youth Estimate Deposit	Pay - ment 1	Pay - ment 2	Hold Harmless Forms (if applicable)	Health Form Including copy of insurance card	Swimming Classi - fication
1.	N/A					
2.	N/A					
3.	N/A					
4.	N/A					
5.	N/A					

Scout Names

1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Make copies for additional sheets as necessary.