



**ATTENDANCE ROSTER**

*(Due upon arrival at Camp)*

PACK #: \_\_\_\_\_ CAMP SESSION #: \_\_\_\_\_ CAMP DATES: \_\_\_\_\_

CAMP LEADER NAME: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

CHECK ONE:

LODGING AREA:

Camper Name Youth/Adult	Y	A	Shirt Size	Gender	Rank	Fort	Castle	Mtn. Man	Miner
1									
2									
3									
4									
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25									

*Make additional copies as necessary*