

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	Forms			L= Learner B- Beginner S= Swimmer
	Hold Harmless Forms (if applicable)	Early Release Forms (if applicable)	Health Form Including copy of insurance card	Swimming Classification
1.				
2.				
3.				
4.				
5.				

Scout Names

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

Make copies for additional sheets as necessary.