

CAMP BUCK TOMS 2010 ATTENDANCE ROSTER

Troop #	Week #	Campsite #	District	Council
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This form must be return with each payment

List all Adults and all Youth Members who will be attending Camp for one night or more.

A copy of this form must be turned in with each payment with all names that are being paid for listed

Position		Name of Scout or Adult	DOB	Medical	Fee Paid
SM	1				
ASM #1	2				
ASM #2	3				
	4				
	5				
	6				
	7				
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	11				
	12				
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	14				
	15				
	16				
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	18				
	19				
	20				

If needed for larger Troops, attach a second page of this form.

Bring 4 copies of this completed form to Camp.

APPENDIX J