

TROOP ROSTER

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

Troop #

Council

Campsite

Week #

Summer Camp Coordinator: _____

Phone # (_____) _____

Email _____

PLEASE PRINT Leader Names	FEES RECORDS					Check when rec'd (Troop Use)	L= Learner B- Beginner S= Swimmer
	1 st Payment Paid (Deposit)	2 nd Payment Paid	3 rd Payment Paid	Powderhorn /COPE Paid	Total Camp Fees Paid	Health Form	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.
Make checks payable to: Dan Beard Council, BSA.
This form to be submitted upon arrival at camp.