NOTE: Rosters must be filled out and turned in prior to any participant's arrival.

Activity description: _____

Unit #: _____ Campsite and Facilities #: _____ Date: _____

	Participant Name (alphabetically last name first, first name last)	(Check If) Adult	(Check If) Youth	(Check If) Non-Registered
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(Use and attach additional sheets as may be necessary)

Leader #1 Name (Youth Protection Trained) _____ **Training Date** _____

Leader #2 Name (Youth Protection Trained) _____ **Training Date** _____

BALOO Trained Adult Name (Cub Scouts Only) _____ **Training Date** _____