

CAMP WOODLAND UNIT ROSTER

CABIN/SITE: _____

DATES: _____ to _____, _____

UNIT NUMBER: _____

COUNCIL: _____

DISTRICT: _____

UNIT TYPE *: _____

(* Pack, Troop, Explorer, Girl Scouts, Training, Other)

Youth's Full Names		Youth's Full Names		Leaders' Full Names		EMT Doc, Nurse?
1		21		1		
2		22		2		
3		23		3		
4		24		4		
5		25		5		
6		26		6		
7		27		7		
8		28		8		
9		29		9		
10		30		10		
11		31		11		
12		32		12		
13		33		13		
14		34		14		
15		35		15		
16		36		Activities Planned & Scheduled, Day/Time		
17		37				
18		38				
19		39				
20		40				

MUST BE TURNED INTO CAMPMASTER AT CHECK IN