



OVERNIGHT RESIDENT CAMP ROSTER CAMP JOHN H. WARE 3RD

TO BE USED FOR SCOUTS AND LEADERS ATTENDING THE 5 - DAY WEBELOS ADVANCEMENT CAMP

Today's Date: _____ **Session #:** _____ **Coordinator's Name:** _____

Pack #: _____ **Leaders/Adults:** _____ **Webelos I:** _____ **Webelos II:** _____

Please prepare **three** copies: one to be submitted at headquarters during check-in, one to be submitted at the health lodge with all campers' health records during check-in and one to be retained for the unit's records. Please **print** or type a list of your Scouts **in order of rank**, followed by leaders. Use multiple sheets per pack when necessary. **Please complete a separate roster of Cub Scouts, Webelos Scouts, leaders/adults from the pack arriving the NEXT DAY, attending for four days.**

SCOUT'S FULL NAME	PHONE NUMBER	RANK	AGE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
LEADER/ADULT'S FULL NAME	PHONE NUMBER/EMAIL	PACK	M/F PT or FT *
1			
2			
3			
4			
5			
6			
Total Leaders/Adults =			

*M/F - FT/PT = Male or Female, full time or part time leader/adult. Ensure that your roster is accurate as you will be charged for all Scouts and leaders/adults appearing on the roster – no exceptions.



OVERNIGHT RESIDENT CAMP ROSTER CAMP JOHN H. WARE 3RD

TO BE USED FOR SCOUTS AND LEADERS ATTENDING THE 4 - DAY CUB & WEBELOS CAMP

Today's Date: _____ **Session #:** _____ **Coordinator's Name:** _____

Pack #: _____ **Leaders/Adults:** _____ **Cubs** _____ **Webelos I:** _____ **Webelos II:** _____

Please prepare **three** copies: one to be submitted at headquarters during check-in, one to be submitted at the health lodge with all campers' health records during check-in and one to be retained for the unit's records. Please **print** or type a list of your Scouts **in order of rank**, followed by leaders. Use multiple sheets per pack when necessary. **Please complete a separate roster of Webelos Scouts and leaders/adults from the pack arriving the PREVIOUS DAY attending for five days.**

	SCOUT'S FULL NAME	PHONE NUMBER	RANK	AGE
1				
2				
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13				
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15				
16				
17				
18				
19				
20				

	LEADER/ADULT'S FULL NAME	PHONE NUMBER/EMAIL	PACK	M/F PT or FT *
1				
2				
3				
4				
5				
6				
Total Leaders/Adults =				

*M/F - FT/PT = Male or Female, full time or part time leader/adult. Ensure that your roster is accurate as you will be charged for all Scouts and leaders/adults appearing on the roster – no exceptions.



OVERNIGHT RESIDENT CAMP ROSTER CAMP JOHN H. WARE 3RD

TO BE USED FOR SCOUTS AND LEADERS ATTENDING THE 3 - DAY CUB & WEBELOS CAMP

Today's Date: _____ **Session #:** _____ **Coordinator's Name:** _____

Pack #: _____ **Leaders/Adults:** _____ **Cubs** _____ **Webelos I:** _____ **Webelos II:** _____

Please prepare **three** copies: one to be submitted at headquarters during check-in, one to be submitted at the health lodge with all campers' health records during check-in and one to be retained for the unit's records. Please **print** or type a list of your Scouts **in order of rank**, followed by leaders. Use multiple sheets per pack when necessary. **Please complete a separate roster of Webelos Scouts and leaders/adults from the pack arriving the PREVIOUS DAY attending for five days.**

	SCOUT'S FULL NAME	PHONE NUMBER	RANK	AGE
1				
2				
3				
4				
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19				
20				

	LEADER/ADULT'S FULL NAME	PHONE NUMBER/EMAIL	PACK	M/F PT or FT *
1				
2				
3				
4				
5				
6				

Total Leaders/Adults = _____

*M/F - FT/PT = Male or Female, full time or part time leader/adult. Ensure that your roster is accurate as you will be charged for all Scouts and leaders/adults appearing on the roster – no exceptions.