

2010 DAY CAMP ROSTER

Please attach youth and adult registration forms and pack check.

Submit to Council Service Center by May 10 for May/June camps or June 20 for July camps.

PACK #: _____ DISTRICT: _____

CUBMASTER/ DAY CAMP COORDINATOR _____ PHONE: _____

	SCOUT NAME	GRADE (as of 9/1/10)	T-SHIRT SIZE							HEALTH FORM (Y/N)	AMOUNT PAID
			10-12	14-16	A-Sm	A-Md	A-Lg	A-XL			
CUB SCOUTS	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										
	11										
	12										
	13										
	14										
	15										
	16										
	17										
	18										
	19										
	20										
	21										
	22										
	23										
	24										
	25										
TOTAL											
	ADULT NAME	DAYS ATTENDING (M/T/W/R/F/ALL)	T-SHIRT SIZE							HEALTH FORM (Y/N)	*AMOUNT PAID
			Sm	Md	Lg	XL	2X	3X	Other		
WALKING LEADERS	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										
Total Submitted											

* All full time walking leaders receive a free t-shirt. Part time walking leaders pay \$5 for their shirt.

Note to Cubmaster: Please keep a copy of this form for your records