

TROOP ROSTER

Please print or type

Troop _____ District or Community _____ Campsite _____
 Week _____ Council Name _____

TOTALS:

FULL TIME ADULTS: _____
 PART TIME ADULTS _____
 SCOUTS: _____

REMINDER: Please try to have one copy of this roster ready to turn in at the Scoutmaster's meeting at 1:00 p.m. on Sunday.

ADULT LEADERS:

NAME OF LEADER	POSITION	DAYS IN CAMP (Please Circle)
1 _____	_____	Sun Mon Tue Wed Thr Fri
2 _____	_____	Sun Mon Tue Wed Thr Fri
3 _____	_____	Sun Mon Tue Wed Thr Fri
4 _____	_____	Sun Mon Tue Wed Thr Fri
5 _____	_____	Sun Mon Tue Wed Thr Fri
6 _____	_____	Sun Mon Tue Wed Thr Fri
7 _____	_____	Sun Mon Tue Wed Thr Fri
8 _____	_____	Sun Mon Tue Wed Thr Fri

Boy Leaders (Those not listed with a patrol)

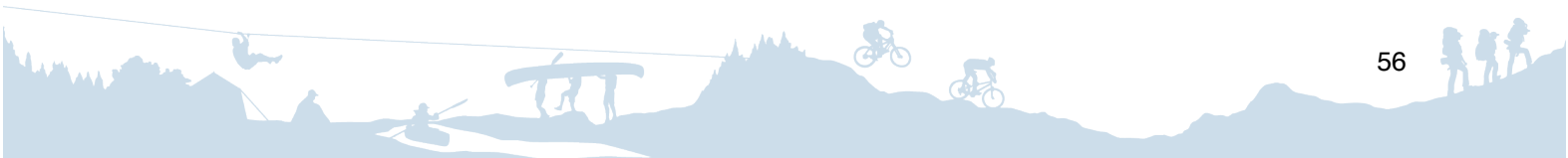
SPL _____ 4 _____
 2 _____ 5 _____
 3 _____ 6 _____

PATROL NAME: _____

1 _____ 5 _____
 2 _____ 6 _____
 3 _____ 7 _____
 4 _____ 8 _____

PATROL NAME: _____

1 _____ 5 _____
 2 _____ 6 _____
 3 _____ 7 _____
 4 _____ 8 _____



PATROL NAME: _____

1 _____	5 _____
2 _____	6 _____
3 _____	7 _____
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PATROL NAME: _____

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2 _____	6 _____
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PATROL NAME: _____

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1 _____	5 _____
2 _____	6 _____
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4 _____	8 _____

