

ROSTER MUST BE SUBMITTED WITH EACH PAYMENT

Date Attending _____ () Bear Paw Scout Camp () Gardner Dam Scout Camp

Week # _____ Unit # _____ () Boy Scout troop () Varsity team () Venture crew

Please fill in roster completely.

(Duplicate if necessary for additional participants).

ADULTS IN CAMP		DAYS IN CAMP (Mark an X in each box)						
Name (minimum 2 @ \$75) <small>(Leaders may split fee or pay for meals upon check-in at camp.)</small>	Phone Number	S	M	T	W	Th	F	S
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Person completing roster: _____ Phone: _____