

Leatherstocking Council, Boy Scouts of America
1401 Genesee Street
Utica, NY 13501

PHONE: (315) 735-4437
FAX: (315) 735-9184

SHORT TERM CAMPING UNIT ROSTER

THIS ROSTER MUST BE SUBMITTED TO THE CAMP RANGER OR HIS DESIGNEE UPON ARRIVAL AT CAMP

Unit/Organization _____ Dates In Camp _____

ADULTS IN CAMP {At least one adult leader must be have current Youth Protection Training and Hazardous Weather Training.}

(Additional leaders should be listed on back of this form)

(21+) 1. _____ Phone: _____

(18+) 2. _____ Phone: _____

(18+) 3. _____ Phone: _____

YOUTH MEMBERS ATTENDING

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

NOTE: This roster is required for all units who attend short term camping at Leatherstocking Council camps.

The youth members and adult leaders listed on this page attended weekend camp. I have READ AND AGREE TO THE CAMP RULES AND REGULATIONS. I understand that a minimum of two adult leaders are required for all outings and at least one of these leaders must be 21 years of age.

Adult Leader's Signature _____ Date _____

THIS ROSTER MUST BE SUBMITTED TO THE CAMP OFFICE UPON ARRIVAL