

CAMP ROSTER (ADULT LEADERS)

Page ____ of ____

DATE RECEIVED _____

TROOP # _____

COUNCIL _____

DISTRICT _____

CAMPSITE _____

Week # _____

Year _____

PLEASE MAKE 4 COPIES (3 FOR CAMP / 1 FOR TROOP)

NUMBER OF BIKES WITH TROOP _____

*****Please mark Y for YES or N for NO*****

DAYS IN CAMP Mark with an X

	ADULT LEADER'S NAME	CELL PHONE/PAGER#	Basic Leader Trained	Youth Protection Trained	Safety Afloat/ Safe Swim Defense Trained	Behavior Management Form	CPR Trained	First Aid Trained	Three Letters of Reference	Michigan DHS form 194 w/ Drivers license	Annual Health & Medical Record	Auto License Plate #	DAYS IN CAMP Mark with an X						
													S	S	M	T	W	T	F
1																			
2																			
3																			
4																			
5																			
6																			
7																			
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Add: Proof of DHS 194 form