

**WEBELOS CAMP ROSTER
COMPLETE ROSTER MUST BE SENT TO THE COUNCIL
SERVICE CENTER WITH PACK PAYMENT**

PACK NO: _____

4TH GRADE: _____

COMMUNITY: _____

5TH GRADE: _____

CAMP LEADER: _____

ADDRESS: _____

PHONE: _____

NAME	FEES PAID	DOG- TAG	HEALTH FORMS	PACK USE

PLEASE INDICATE DAYS AND NIGHTS ATTENDING

ADULTS ATTENDING	S	M	T	W	T	F	S	MALE FEMALE

**SEND SEPARATE ROSTERS FOR 4TH AND 5TH GRADE DENS
PACK SHOULD KEEP A COPY OF ROSTER
WHITE COPY TO SCOUT SERVICE CENTER WITH PAYMENT**