

**HERITAGE RESERVATION**  
**SUMMER CAMP ROSTER**

Pack # \_\_\_\_\_ Troop # \_\_\_\_\_  
 CAMPSITE \_\_\_\_\_  
 CAMP WEEK \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_  
 POLICY NUMBER \_\_\_\_\_

	Amount of milk consumed on a daily basis during camp
UNIT LEADER _____	_____ No. of 1/2 pints
ASS'T LEADERS _____	_____ No. of 1/2 pints
ASS'T LEADERS _____	_____ No. of 1/2 pints
ASS'T LEADERS _____	_____ No. of 1/2 pints
ASS'T LEADERS _____	_____ No. of 1/2 pints
ASS'T LEADERS _____	_____ No. of 1/2 pints
ASS'T LEADERS _____	_____ No. of 1/2 pints
ASS'T LEADERS _____	_____ No. of 1/2 pints

	SCOUT NAME	# YEARS AT CAMP	SCOUT RANK	TELEPHONE NUMBER	RELIGIOUS PREFERENCE	MEDICAL ON HAND	MEDICAL NOTES Other Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

TOTAL SCOUTS \_\_\_\_\_ TOTAL ADULTS \_\_\_\_\_ PAGE \_\_\_ OF \_\_\_

**DISTRIBUTION**  
 \_\_\_\_\_ Health Lodge  
 \_\_\_\_\_ Camp Office  
 \_\_\_\_\_ Aquatics

**Please have FOUR copies of this roster; ONE for your use and THREE will be collected during check-in. Thank you.**