Troop Roster

Troop # _____ Scoutmaster _____ Please submit at check-in.

Week of Camp:	1	2	3	4	5	6
	6/3-9/18	6/10-16/18	6/17-23/18	6/24-30/18	7/1-7/18	7/8-14/18

Scout Name	Age	Current Rank	OA Member (O, B, V)

Adult Name	Male or Female