Troop Roster

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

Week of Camp: 1 6/2 - 6/8 2 6/9 - 6/15 3 6/16 - 6/22 4 6/23 - 6/29 5 6/30 - 7/6 6 7/7 - 7/13

Scout's Name	Male or Female	Age	Current Rank	OA Member (O, B, V)

Adult's Name	Male or Female