SCOUT RESIDENT CAMP TROOP ROSTER

Troop #_____ District_____ Council _____

Camp Dates: _____to _____

PREPARE IN DUPLICATE AND TURN IN ONE COPY ON ARRIVAL TO CAMP.

	First & Last Name	Address	Phone Number	Rank	Age
SM					
ASM					
ASM					
ASM					
ASM					
ASM					
SPL					
2					
3					
4					
5					
6					
7					
8					
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25					