

Camp Mensinger: Unit Roster Form

Provide 3 copies at registration: 1 Administration, 1 Health Officer, 1 Scoutmaster

Unit #:

City:

Council:

District:

Campsite:

Week of:

Provide the following information about all adult leaders attending camp with your unit and indicate the days they will be in camp.. Check the appropriate box to indicate the acting Scoutmaster (SM) for each day or check the "IN" box to indicate a person will be in camp that day.

	Adult Leader's Name	Phone	Age	Sun.		Mon.		Tue.		Wed.		Thu.		Fri.		Sat.		Vehicle License
				SM	IN	SM	IN	SM	IN	SM	IN	SM	IN	SM	IN			
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		

Provide the following information about all Scouts attending camp with your unit: name, current rank, and year at camp (this year counts.)

Senior Patrol Leader/Venturing President	Age	Rank	Year	Asst. Senior Patrol Leader/V. President	Age	Rank	Year
Patrol Name:				Patrol Name:			
Scout's Name	Age	Rank	Year	Scout's Name	Age	Rank	Year
Patrol Name:				Patrol Name:			
Scout's Name	Age	Rank	Year	Scout's Name	Age	Rank	Year
Patrol Name:				Patrol Name:			
Scout's Name	Age	Rank	Year	Scout's Name	Age	Rank	Year