



**2012 Resident Camp Roster
 Superhero Adventure Camp
 Camp John H. Ware III**

Today's Date: _____

Session #: _____

Pack #: _____ Leaders/Adults _____ Cubs _____ Webelos I _____ Webelos II _____

Please prepare **three** copies: one to be submitted at headquarters during check-in, one to be submitted at the health lodge with all campers' health records during check-in and one to be retained for the unit's records. Please **print** or type a list of your Scouts **in order of rank**, followed by leaders. Use multiple sheets per pack when necessary. Please complete a separate roster of Webelos and leaders attending the 5-day

SCOUT'S FULL NAME		PHONE NUMBER	RANK	AGE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
LEADER/ADULT'S FULL NAME	PHONE NUMBER/EMAIL	PACK	M/F	PT or FT *
1				
2				
3				
4				
5				
6				
7				
Total Leaders/Adults =				
*M/F - FT/PT = Male or Female, full time or part time leader/adult				

session; one for Webelos, Cubs and leaders attending the 4-day session.

♦ **Ensure that your roster is accurate as you will be charged for all Scouts and leaders/adults appearing on the roster – no exceptions.**