TROOP ROSTER

Please print or type

Troop Community	y Cai	mpsite Week
Council Name		
TOTALS:		
FULL TIME ADULTS:		REMINDER: Please try to have one
PART TIME ADULTS		copy of this roster ready to turn in at
SCOUTS:		the Scoutmaster's meeting at 1:00 p.r
		on Sunday.
ADULT LEADERS:		
NAME OF LEADER	POSITION	DAYS IN CAMP (Please Circle)
1		Sun Mon Tue Wed Thr Fri
2		Sun Mon Tue Wed Thr Fri
3		Sun Mon Tue Wed Thr Fri
4		Sun Mon Tue Wed Thr Fri
5		Sun Mon Tue Wed Thr Fri
6		Sun Mon Tue Wed Thr Fri
7		Sun Mon Tue Wed Thr Fri
8		Sun Mon Tue Wed Thr Fri
SPL	y Leaders (Those not li	isted with a patrol)
3	6	
2	6	
3	7	
4	8	
PATROL NAME:		<u></u>
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4	8	

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