



Camp Dittmer Boy Scout Troop Roster

Form must be turned in with registration. For additional registrants, please use additional sheets.

Unit # _____ District _____ Week attending _____

Adults

Name	Address	Days in Camp	Phone	Youth protection date	Taking Meds? Yes/No	Date of Birth
1		S M T W T H F S				
2		S M T W T H F S				
3		S M T W T H F S				
4		S M T W T H F S				
5		S M T W T H F S				
6		S M T W T H F S				

Please List One adult affiliated with the unit who is not attending as an emergency contact

Name	Address	Phone	Cell Phone

Youth

Name	Age	Rank at Camp	Address	Phone	Youth protection date	Prescription Meds? Yes/No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						