

FINAL CAMP ROSTER

Due in office 2 weeks prior to arrival in camp

Camp Royaneh Unit No: _____
 Wente Scout Reservation Council: _____
 Session Start Date: _____ District: _____

ADULT LEADERSHIP (Minimum of two adult leaders in camp at all times)
 Please circle which days each leader will be in camp

1.	All S M T W T F S	6.	All S M T W T F S
2.	All S M T W T F S	7.	All S M T W T F S
3.	All S M T W T F S	8.	All S M T W T F S
4.	All S M T W T F S	9.	All S M T W T F S
5.	All S M T W T F S	10.	All S M T W T F S

SCOUTS (Alphabetical order is preferred)

1.	21.
2.	22.
3.	23.
4.	24.
5.	25.
6.	26.
7.	27.
8.	28.
9.	29.
10.	30.
11.	31.
12.	32.
13.	33.
14.	34.
15.	35.
16.	36.
17.	37.
18.	38.
19.	39.
20.	40.

Mail/Fax to arrive at Council by the Friday of 2 weeks prior to your week of camp. F: 510-577-9002
 San Francisco Bay Area Council, Boy Scouts of America, 1001 Davis Street, San Leandro CA 94577-1514

*Please Mail or email your roster to edeterman@bsaemail.org
 You should be able to type right on this form.*

Date Submitted: