

# FINAL CAMP ROSTER

Due in office 3 weeks prior to arrival in camp

<input type="checkbox"/> Camp Royaneh	Unit No: _____
<input type="checkbox"/> 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 - Please identify those scouts that are brothers)

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 3 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 [joanns@sfbac.org](mailto:joanns@sfbac.org)*  
**You should be able to type right on this form.**

Date Submitted: \_\_\_\_\_