BLACK RIVER CUB FAMILY CAMP-O-REE ROSTER

PACK # _____ LEADER NAME_____ CELL PHONE # _____ DATE_____

MARK THE RIGHT BOX THAT GOES WITH THE NAME WITH AN X

	OVERNIGHT CAMPING					DAY VISTORS					
	NAME	ADULT	SCOUT	SIBLING	UNDER 3		ADULT	SCOUT	SIBLING	UNDER 3	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
	ADD DOWN EACH COLUMN FOR TOTAL										