

Spanish Peaks Scout Ranch Unit Roster

Troop, Crew, Team (Circle one that applies) #
Date Attending:
Home Council:
Home Council Phone #

Campsite: _____ (Camp Office will fill out at camp check in)

Please fill in roster completely

Adults in Camp	Phone #	DAYS IN CAMP (Mark with an X in box)						
1.		S	M	T	W	T	F	S
2.								
3.								
4.								
5.								
6.								
7.								
8.								

YOUTH

Patrol Name:		
Name	Age	Emergency Phone Number
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Patrol Name:		
Name	Age	Emergency Phone Number
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Patrol Name:		
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