

Camp Woodland Unit Roster

Council:		Troop:	Cabin:	Dates Attending:	
District:		Unit Leader:		Units leaders phone number:	
Youth's Full Name		Remarks		Youth's Full Name	
1				16	
2				17	
3				18	
4				19	
5				20	
6				21	
7				22	
8				23	
9				24	
10				25	
11				26	
12				27	
13				28	
14				29	
15				30	
Adult's Full Name					
1					Unit leader signature:
2					_____
3					Date: _____
4					
5					
6					
7					

MUST BE TURNED IN TO THE CAMP MASTER AT CHECK IN