

Adirondack Scout Camps Unit Roster

Council:	Troop:	Camp:	Dates Attending:						
District:	Weeks each camper is attending						Units leaders phone number:		
Youth's Full Name	1	2	3	4	5	6	Medical form in	Camp Fee	Remarks
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
In Camp Free Leader policy: 3 to 15 boys – 2 free, 16 to 24 boys – 3 free, 25+ – 4 free									
1							Free	<u>Due by May 1st with full payment to avoid late fees</u> Unit leader signature: _____ Date: _____	
2							Free		
3									
4									
5									
6									
7									

ALL COPIES MUST BE TURNED IN TO THE LONGHOUSE COUNCIL SERVICE CENTER BY MAY 1 TO AVOID LATE FEES