UNIT ROSTER

(For Year Round Use)

Please turn in 1 copy when you check in at camp

Council ________________________________ **Camp Dates**__________________________

Pack/Troop/Crew # ______________________ **Cabin** _______________________________

IMR_____ Camp Erin_____ Oh-Da-ko-Ta_______

Adults

*Leader in Charge	Emergency Phone	Adults	Emergency Phone
*			

Youth Name	Emergency Phone	Youth Name	Emergency Phone