

# FINAL CAMP ROSTER

Due in office 3 weeks prior to arrival in camp

Camp Royaneh Unit No: \_\_\_\_\_  
 Wente Scout Reservation Council: \_\_\_\_\_  
 Session Start Date: \_\_\_\_\_ District: \_\_\_\_\_

**ADULT LEADERSHIP** (Minimum of two adult leaders in camp at all times)  
 Please circle which days each leader will be in camp

1.	All S M T W T F S	6.	All S M T W T F S
2.	All S M T W T F S	7.	All S M T W T F S
3.	All S M T W T F S	8.	All S M T W T F S
4.	All S M T W T F S	9.	All S M T W T F S
5.	All S M T W T F S	10.	All S M T W T F S

**SCOUTS** (Alphabetical order is preferred - Please identify those scouts that are brothers)

1.	21.
2.	22.
3.	23.
4.	24.
5.	25.
6.	26.
7.	27.
8.	28.
9.	29.
10.	30.
11.	31.
12.	32.
13.	33.
14.	34.
15.	35.
16.	36.
17.	37.
18.	38.
19.	39.
20.	40.

**Mail/Fax to arrive at Council by the Friday of 3 weeks prior to your week of camp. F: 510-577-9002**  
 San Francisco Bay Area Council, Boy Scouts of America, 1001 Davis Street, San Leandro CA 94577-1514

*Please Mail **WHITE** and **YELLOW** copies of this roster.*  
 Keep Pink copy for your records.

Date Submitted: \_\_\_\_\_