

UNIT / GROUP CAMPING ROSTER

Name of LODGE/SITE: _____ UNIT/GROUP: _____
 DATE(S) OF USE: _____ Est. Check out time /day: _____ / _____

Responsible Leader's Name	Age (over 21)	Address	Phone
1. _____ / ____ / _____ () _____			
OTHER ADULTS		OTHER ADULTS	
2. _____		8. _____	
3. _____		9. _____	
4. _____		10. _____	
5. _____		11. _____	
6. _____		12. _____	
7. _____		13. _____	

YOUTH: (Group members must be registered here and should be covered with insurance from your group/ unit or sponsor)

* Turn this form into CTF staff at check-in or arrival *

<u>Name</u>	<u>Name</u>
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. _____