**GERALD R. FORD COUNCIL** Troop Roster Boy Scouts of America

Troop#_____ Campsite_____ District_____ Date of Arrival_____ Week in Camp_____

Print or Type - **Fill out completely** - Bring 3 copies to camp



| Name of Scout Last First | Home Phone | Address | City/State/Zip | Previous Years at Camp 0 | 1 | 2 | 3 | 4 | 5 | 6 | Present Rank | Age | Medical Form |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Adult Leader Last First | Home Phone | Address | City/State/Zip | Camp Position | Medical Form |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |