

Camp Whitsett Attendance Roster

Troop #: _____ Registration #: _____ Council: _____

Complete prior to arrival at camp. Submit to camp staff at check-in

	Name	BSA ID	Ethnicity	Med Form	Perm Slip	Youth Protection Training	Type Adult/Youth (A/Y)	Program	Arrival		Departure	
									Sunday	Other	Saturday	Other
1												
2												
3												
4												
5												
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17												
18												
19												
20												

Check-in Staff Name:			Office Use Only			Check-in Time:			
Campsite:			Insurance: Y N			Camp Total			
Tent Total	Wild Total	Assignment	Balance Due:			Y	A	SE	Total
			Paid:						

Type: Y-Youth A-Adult

Ethnicity: W-White B-Black NA-Native American HS-Hispanic AP-Asian/Pacific Islander O-Other

Program: T-Traditional Merit Badge CPT-CPT ITB-Intro to Backcountry FKJ-Forks Kern to Jerky BRW-Black Rock to Whitney HP-Horse CYC-Sierra Cycle