

PACK/TROOP/POST/CREW \_\_\_\_\_

BOROUGH/COUNCIL \_\_\_\_\_

DISTRICT \_\_\_\_\_

WEEK \_\_\_\_\_

CAMP \_\_\_\_\_

SITE \_\_\_\_\_

YEAR: \_\_\_\_\_

ARRIVAL DATE \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_

SITE GUIDE \_\_\_\_\_

**PLEASE PRINT OR TYPE – PRESS HARD**

**PLEASE COMPLETE A DIFFERENT FORM FOR EACH WEEK – USE ADDITIONAL SHEETS AS NEEDED**

**3 COPIES NEEDED AT CHECK-IN**

OFFICE USE ONLY	ADULT LEADERS (OVER 18) NAME	ADDRESS	HOME PHONE NUMBER	AGE	DATE YOUTH PROTECTION TRAINING COMPLETED	YEAR OF LEADER TRAINING
IN CHARGE						
2						
3						
4						

OFFICE USE ONLY	SCOUTS (UNDER 18 YRS OF AGE) NAME	ADDRESS	HOME PHONE NUMBER	AGE	HOME UNIT	OFFICE USE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

I HAVE RECEIVED LEADER'S GUIDES FOR ALL ADULTS IN MY UNIT. ALL LEADERS WHO HAVE NOT COMPLETED A YOUTH PROTECTION TRAINING COURSE WILL ATTEND THE TRAINING ON MONDAY. OUR SITE GUIDE COMPLETED A TOUR OF CAMP AND ORIENTATION. ALL LEADERS ATTENDED SCOUT LEADER'S TRAINING.

UNIT LEADER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CAMP DIRECTOR VERIFICATION \_\_\_\_\_