BLACK RIVER CUB FAMILY CAMP-O-REE ROSTER

PACK # _____ **LEADER NAME_____** **CELL PHONE # _____** **DATE_____**

MARK THE RIGHT BOX THAT GOES WITH THE NAME WITH AN X

		OVERNIGHT CAMPING					DAY VISTORS					
	NAME	ADULT	SCOUT	SIBLING	UNDER 5		ADULT	SCOUT	SIBLING	UNDER 5	
1												
2												
3												
4												
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25												
26												
	ADD DOWN EACH COLUMN FOR TOTAL											