

**2007 Scouting 360 Council Encampment**

**Family Camping Roster**

(IMPORTANT: Family Campers should have the "Personal Medical History Form" completed on all who are camping with you.)

Please name the Scout or Scouter in the family \_\_\_\_\_

Unit Number \_\_\_\_\_ District \_\_\_\_\_

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**Adults: (Names and ages)**

_____	_____
_____	_____
_____	_____
_____	_____

**Children (Names & ages)**

_____	_____
_____	_____
_____	_____
_____	_____

***PLEASE TURN THIS FORM IN AT CHECK-IN***

*Check In Staff Use Only Below This Line*

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Total Campers \_\_\_\_\_

# of Patches Given n/a

Staff Initials \_\_\_\_\_

Amount Paid at Service Ctr. \_\_\_\_\_

Adult's Initials \_\_\_\_\_

Amount Paid at Check In \_\_\_\_\_

Total Amount Paid \_\_\_\_\_