# Unit Roster

Unit: Troop Team Crew Post # _____

Council: _____

Units are required to submit a Unit roster at check in letting camp management know who is present, their emergency contact, and their swimming classification. Please sign the bottom attesting to the information provided.

| Youth Names | Emergency Contact Phone | DOB | Swimmer (y/n) |
|---|---|---|---|
| Top youth leader: | | | |
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| Adult Names | | | |
| Camp Leader: | | | |
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Signed _____ Date _____