TROOP ROSTER – Salmon River High Adventure Base

Unit T, V, Number: _____
Camp Week: _____
Council Name: _____

Scoutmaster in Camp

Name: _____Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____

Assistant Scoutmaster in Camp

Name: _____ Phone: (_____) _____

Address: _____ City: _____ _____ State: _____ Zip: _____

E-Mail Address: _____

All Scouts must be registered by the first day of camp with Member ID to participate at camp.

Member ID#	Scout's Name	M/F	Age	Emergency Contact	Phone Number
	Additional Leaders Name				