

MASSAWEPIE SCOUT CAMPS

UNIT ROSTER

BOY SCOUTS OF AMERICA

Troop Number: _____ Council: _____ District: _____ Dates Attending: _____ Pg. # _____ of _____

Patrol Cooking _____ or Dining Hall _____ (Check one), if Patrol Cooking will you eat lunch in the Dining Hall? Yes or No (Circle one) Number of patrols in camp _____

DETACH BOTTOM COPY ONLY FOR UNIT RECORDS. Please print firmly or type. Please remember after May 16th any fees for Scouts that you delete from this roster are **NON-REFUNDABLE**. Revisions after May 16th must be sent to Seneca Waterways Council Servicenter, 474 East Avenue, Rochester, NY 14607 by June 16th. Any additional names you add over and above the previously reserved paid deposit slots must be approved through the Camping Department along with a \$25 late fee if added after May 16th. If a new Scout is a Webelos Crossover, his payment must be submitted with his name, crossover date, and the Pack he crossed over from. **Please enclose additional \$95.00 for Mt. Fox participants.**

PLACE SCOUTS NAMES IN ALPHABETICAL ORDER

Scouts Name	Webelos		Week Attending							Mtn. Fox/week	Camperships/ Brother Discounts	Dining Hall	Patrol Cooking	Completed Pre-Camp Swim Test	Misc. Information	
	X-over Pack #	Age	#1	#2	#3	#4	#5	#6	#7	Y=Yes;N=No						
Example: John Doe		15			X	X					Y	\$25.00 Brother	X		Yes	Dietary/Bee Allergy
1																
2																
3																
4																
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LEADERS:												I am interested in the following Adult Leader Training:				
1																
2																
3																
4																
5																