



***Buffalo Museum of Science***  
**Camp-In Group Roster Form**

**Group Name:** \_\_\_\_\_ **Date of Camp-In:** \_\_\_\_\_

**Leader's Name:** \_\_\_\_\_ **Pack/Den/Troop #** \_\_\_\_\_

**Phone # (day & night):** \_\_\_\_\_

- **Please print or type (in alphabetical order) names of children and adults**
- **This form must be received no later than 1 week prior to the Camp-In**  
Fax: 716.895.8739 • email: [bvazquez@sciencebuff.org](mailto:bvazquez@sciencebuff.org)

<b>Child's Name</b>	<b>Age or Scout Level</b>	<b>Special Need</b>	<b>Attending Parent's Name</b>
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