**Buffalo Museum of Science**

**CAMP-IN GROUP ROSTER FORM**

*2018-2019 Season*

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

**Group Name (Pack/Den/Troop #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Leader’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Please print or type (in alphabetical order) names of children and adults
* This form must be received no later than one (1) week prior to the Camp-In

Fax: 716.895.8739, email: bvazquez@sciencebuff.org

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| --- | --- | --- | --- | --- |
|  | **Child’s Name** | **Age or****Scout Level** | **Special Need** | **Attending Parent’s Name** |
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