



CAMP-IN GROUP ROSTER FORM
2019-2020 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

	Child's Name	Age or Scout Level	Special Need	Attending Parent's Name
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				