OWASIPPE UNIT ROSTER							
CAMP:	SITE: UNIT#:		_ PERIOD:	PA0	_ of		
COUNCIL:	DISTRICT: DATE:						
PRINT ALL INFORMATION							
FULL NAME, LAST NAME FIRST (ALPHABETICALLY) * L1 will be the site contact for the week	ADDRESS, CITY	, STATE AND ZIPCODE	EMERGENCY PHONE NUMBER	AGE	EMAIL A	DDRESS	
ADULT CAMPERS							
L1*							
L2							
L3							
L4							
YOUTH CAMPERS							
1							
2							
3							
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14							
15							
NOTE: A SEPARATE ROSTER MUS List only the information for the camp				CAMP.			
Copy 1 - Administrative Copy							

OWASIPPE UNIT ROSTER							
CAMP:	SITE: UNIT#:		_ PERIOD:	PA0	_ of		
COUNCIL:	DISTRICT: DATE:						
PRINT ALL INFORMATION							
FULL NAME, LAST NAME FIRST (ALPHABETICALLY) * L1 will be the site contact for the week	ADDRESS, CITY	, STATE AND ZIPCODE	EMERGENCY PHONE NUMBER	AGE	EMAIL A	DDRESS	
ADULT CAMPERS							
L1*							
L2							
L3							
L4							
YOUTH CAMPERS							
1							
2							
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NOTE: A SEPARATE ROSTER MUST List only the information for the camp				CAMP.			
Copy 2 - Health Lodge							

OWASIPPE UNIT ROSTER							
CAMP:	SITE: UNIT#:		_ PERIOD:	PA	_ of		
COUNCIL:	DISTRICT: DATE:						
PRINT ALL INFORMATION							
FULL NAME, LAST NAME FIRST (ALPHABETICALLY) * L1 will be the site contact for the week	ADDRESS, CITY	, STATE AND ZIPCODE	EMERGENCY PHONE NUMBER	AGE	EMAIL A	ADDRESS	
ADULT CAMPERS							
L1*							
L2							
L3							
L4							
YOUTH CAMPERS							
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NOTE: A SEPARATE ROSTER MULList only the information for the camp				CAMP.			
Copy 3 - Section Camp							