Cub/Webelos Scout Resident Camp—ROSTER

Payment Roster for: March 19 April 16 May 14

(Please Circle Payment Date)

PACK # _____ District: _____ Session (# or Date) _____

PLEASE PRINT

First and Last Name	Cub / Web	Making Payment?		# of Additional Hats $10 each

Number of Youth: _____ Number of Adults: _____ Number of Additional hats: _____

PLEASE COPY IF YOU NEED MORE THAN ONE SHEET—AFTER YOU'VE LISTED ALL THE BOYS, THEN LIST YOUR ADULTS AND WRITE "ADULT" 'IN THE CUB/WEBELOS COLUMN