

UNIT ROSTER FOR WEEK _____

CAMP FEE TRANSMITTAL

UNIT # _____

COUNCIL NAME: _____

SITE: _____

ADULT LEADER

LEADER'S NAME	ADDRESS, CITY, STATE, ZIP	PHONE #	E-MAIL ADDRESS	FEE
				FREE

YOUTH ROSTER

NAME	ADDRESS, CITY, STATE, ZIP	AGE	PHONE#	E-MAIL ADDRESS	FEE

YOUTH ROSTER

NAME	ADDRESS, CITY, STATE, ZIP	AGE	PHONE#	E-MAIL ADDRESS	FEE