NORTHWOODS TROOP ROSTER
(For Scoutmaster use, bring to Northwoods to check-in)

Troop # __________Campsite: _____________Camp Week (Date):_____________ Council: _______________ District: ___________

City: __________________ State: _______ Meal Plan: Dining Hall_____ Patrol Cooking _____ # Scouts ________ # Adults________

At Camp	Status: Youth, SPL, Adult	Full Name: Last First	Emergency Phone Number	Age	Scout Rank	O/A Member Rank	Physician Signed Physical	Medical History & Medication Forms	Swimming Pre-test