

## OWASIPPE UNIT ROSTER

**CAMP:** \_\_\_\_\_ **SITE:** \_\_\_\_\_ **UNIT #:** \_\_\_\_\_ **PERIOD:** \_\_\_\_\_ **PAGE #:** \_\_\_\_\_

**COUNCIL:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT ALL INFORMATION**

Full Name, Last Name First Alphabetically	Address, City and Zip	Emergency Phone Number	Age
<b>ADULT CAMPERS</b>			
SM			
ASM			
ASM			
ASM			
<b>YOUTH CAMPERS</b>			
1.			
2.			
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26.			

**Note:** A separate roster must be submitted for each week the troop is in camp.  
List only the information for the campers (adult & boy) who will reside in camp this week.