

CRADLE OF LIBERTY COUNCIL

BOY SCOUTS OF AMERICA

SHORT TERM {WEEKEND CAMPING}

UNIT ATTENDANCE LIST

UNIT# \_\_\_\_\_ DISTRICT \_\_\_\_\_ DATE \_\_\_\_\_

COUNCIL NAME \_\_\_\_\_ LEADER IN CHARGE & POSITION \_\_\_\_\_

CABIN OR SITE NAME \_\_\_\_\_ NUMBER OF SCOUTS & ADULTS \_\_\_\_\_

NAME	ADDRESS	PHONE NUMBER
NEXT TO EACH NAME	WRITE *L FOR LEADER	& *S FOR SCOUT
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\*THIS FORM MUST BE FILLED OUT COMPLETELY WITH ALL PEOPLE ATTENDING CAMP AND PRESENTED TO THE CAMPMASTER UPON CHECK-IN