

Roster of Attendees at the Challenge Trophy Camporee

DATE: _____

Give the "Completed Roster" to the Registration Desk.

Troop # _____ Council: _____ Subcamp Color: _____

Please place the Scout Master's name, or adult in charge on TOP of the list. Please print clearly.

	Last Name	First Name	Youth	SM	SA	Other	Date Paid
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Troop #	Council:	Subcamp Color:					Page #2	Date
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