



Webelos/AoL Resident Camp Roster



Pack _____

District _____

Scout's Last Name	Scout's First Name	M/F	Program (Webelos or AoL)	T-Shirt Size (YS, YM, YL, AS, AM, AL, AXL)
Adults	Name		M/F	T-Shirt Size (For pre-orders only)
Note: If no Adults are being registered, the responsible Adult in camp must be identified here. →				

This form must be completed and submitted to the Council along with your Webelos/AoL Resident Camp Registration Form. A completed BSA Annual Health and Medical Record, Parts A and B for each participant must be presented at Check-in. Please identify any individual special needs (dietary, health, mobility) on this form.