

Camp Buck Run

Deposits: (PLEASE Mark one!)

Final Fees:

Adults / Den Chiefs Roster Form

PACK NUMBER:

Session Number:

Session Dates:

Camp Coordinator Name:

PHONE:

EMAIL:

| Adult's Name: | | Gender M / F | Non-Registered Adults ONLY: Clearances & YPT | | | | | Registered Leader | Weekend Campers | 4 Day Campers | 5 Day Campers | Deposit Paid | Paid in Full | Swim Test | Medical Form | PHONE # | EMAIL: |
|-------------------|--|--------------|--|-------------------------|----------------|--------------------------|---------------------------|-------------------|-----------------|---------------|---------------|--------------|--------------------------|-----------|--------------|---------|--------|
| | | | Non-Registered Adults (Under 72 hours) | PA State Police | PA Child Abuse | Affidavit or Fingerprint | Youth Protection Training | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | |
| Den Chief's Name: | | Gender M / F | Den Chief's Troop # | Parent / Guardian Name: | | Weekend Campers | 4 Day Campers | 5 Day Campers | Deposit Paid | Paid in Full | Swim Test | Medical Form | Parent/ Guardian PHONE # | EMAIL: | | | |
| | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |

* Use several forms as needed!