

(5 Copies needed)

200__ **CAMP HANSEN TROOP ROSTER**

Dates at Camp _____

Troop # _____ District _____ Council _____ Campsite _____

PLEASE PRINT

(Note: Count this summer's camp as a year at camp.)

#	Scout's Name	Rank	Years as Camper	Years at Hansen	Golden Eagle Tribal Rank	Phone	Address (City, St. Zip)	Health Form
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								

Note: Fifth Year Youth Camper
Medals are for all five years at Camp Hansen

Copies for: Headquarters, Health Lodge, Pool,
Golden Eagle, your troop

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#	Scout's Name	Rank	Years as Camper	Years at Hansen	Golden Eagle Tribal Rank	Phone	Address (City, St. Zip)	Health Form
20								
21								
22								
23								
24								
25								
26								
27								
28								
30								

#	Scouter's Name	Troop Job (i.e. SM)	Years as Camper	Years at Hansen	Golden Eagle Tribal Rank	Phone	Address (City, St. Zip)	Health Form
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

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