

# CAMP PARTICIPANTS LIST



**INSTRUCTIONS:** Complete in triplicate: • Send one (1) copy to Council office with your application.  
 • Give one (1) copy to your home contact adult. • Take one (1) copy with you to camp.

Troop Leader: \_\_\_\_\_

Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_

Troop #: \_\_\_\_\_ Age Level: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Dates of trip from: \_\_\_\_\_ To: \_\_\_\_\_

Traveling to (Name and address of camp): \_\_\_\_\_ Tel.: \_\_\_\_\_

First Aider: \_\_\_\_\_

Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_

**Other Adults:**

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

	Girl's Name	Age	Telephone #
1.			
2.			
3.			
4.			
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**Copy and add pages as necessary.**