

# Day Camp 2007 – Sibling Camp Roster

Pack # \_\_\_\_\_

Pack Coordinator \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Camp Location: \_\_\_\_\_ Camp Date: \_\_\_\_\_

Office Use	Camper's Name	Age	Shirt Size	Adult	Phone	Boy or Girl		Days at Camp					Fee	Extra Shirt \$
						B	G	M	T	W	T	F		
1						B	G	M	T	W	T	F		
2						B	G	M	T	W	T	F		
3						B	G	M	T	W	T	F		
4						B	G	M	T	W	T	F		
5						B	G	M	T	W	T	F		
6						B	G	M	T	W	T	F		
7						B	G	M	T	W	T	F		
8						B	G	M	T	W	T	F		
9						B	G	M	T	W	T	F		
10						B	G	M	T	W	T	F		
11						B	G	M	T	W	T	F		
12						B	G	M	T	W	T	F		
13						B	G	M	T	W	T	F		
14						B	G	M	T	W	T	F		
15						B	G	M	T	W	T	F		
16						B	G	M	T	W	T	F		
17						B	G	M	T	W	T	F		
18						B	G	M	T	W	T	F		
19						B	G	M	T	W	T	F		
20						B	G	M	T	W	T	F		
						Totals								
						Date Received								