

PACK ROSTER FORM

This form should be submitted at Registration or as soon as possible after Registration for Staff to plan game structure.

CUBMASTER _____ PACK # _____

Primary Contact Person: _____ Cell #: _____

Secondary Contact Person: _____ Cell #: _____

NUMBER OF SCOUTS: _____ # OF ADULTS: _____ # OF SIBLINGS _____

ADULTS: _____

PATROL Name: _____ PATROL: _____

Scout Names and Ranks (Patrols should be 4 boys; 3 minimum, 5 maximum)

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

PATROL: _____ PATROL: _____

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

(List Additional Patrols, Siblings and other non-scout relatives on back)