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)