

DATE ATTENDING CAMP \_\_\_\_\_

TROOP # \_\_\_\_\_

## OVERNIGHT GUEST ROSTER (ADULT)

WEEK # 1 \_\_\_\_ 2 \_\_\_\_

CAMPSITE \_\_\_\_\_

ADULT GUEST	ADDRESS	TOWN	PHONE NUMBER		OVERNIGHT						Y P	B C
			Home	Work	S	M	T	W	T	F		

**INSTRUCTIONS:** Please submit this roster and proof of Youth Protection Training, of any adult guest staying overnight (anytime during the week) at the Sunday evening Leaders Meeting or as soon after as possible to allow time for the council to perform the necessary background checks.

**No guest will be able to stay overnight until a background check is performed and Youth Protection Training verified.**

All guests are expected to pay for any meals prepared by the camp.