

Special Needs:

Dietary Restrictions:

Please list the Boy(s) Name and allergies or food restrictions. This must be at camp at least 2 weeks prior to your arrival so that the Kitchen has the ability to order anything special that is needed.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Any other special needs for your troop? Allergies or other restrictions that the staff will need to know?

Thank you! We want to make your stay as stress free as possible.

Unit Roster

Troop Number_____

Week attending_____

Adults:

Boys:

Please mark Your Senior Patrol Leader with SPL after his name.