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 ADUL	TS: **Do ALL Leaders have Current YPT?
# OF SIBLINGS	
ADULTS:	
PATROL Name:	PATROL:
Scout Names and Ranks (Patrols should be	
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)