

***** This page completed by CAMPMASTERS Only *****

SITE: _____

DATES: _____ to _____

UNIT NUMBER: _____

COUNCIL: _____

DISTRICT: _____

UNIT TYPE *: _____

(* Pack, Troop, Explorer, Girl Scouts, Training, Other)

Boys/Girls	Subtotal NOT here			Boys/Girls	Subtotal NOT here			Leaders & Other Adults	Subtotal NOT here		
	Fri.	Sat.	Sun.		Fri.	Sat.	Sun.		Fri.	Sat.	Sun.
SUBTOTALS				SUBTOTALS				SUBTOTALS			

<p>PARTICIPANT COUNTS (Total number of people):</p> <p>TOTAL BOYS/GIRLS: _____</p> <p>TOTAL LEADERS/ADULTS: _____</p> <p>TOTAL PEOPLE: _____</p>	<p>CAMPER-DAYS (Total of people present each day):</p> <p>FRI: _____</p> <p>SAT: _____</p> <p>SUN: _____</p> <p>WEEKEND: _____</p>
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<input type="checkbox"/> Representation at Friday Meeting by # Youths & Adults	_____
<input type="checkbox"/> Archery Range Used by # Youths & Adults	_____
<input type="checkbox"/> Rifle Range Used by # Youths & Adults	_____
<input type="checkbox"/> Air Gun Range Used by # Youths & Adults	_____
<input type="checkbox"/> Special Program Participation (Describe):	_____
<input type="checkbox"/> Equipment Loaned (Sleeping bag, dutch oven, pans, etc.):	_____ Returned (Yes/N _____)
<input type="checkbox"/> Building/Equipment/Facilities found damaged upon arrival:	_____
<input type="checkbox"/> Building/Equipment/Facilities damage found at departure:	_____

INCIDENTS (Illness, injury, theft, complaints, confrontations etc.)