Monticello District Cub Scout Day Camp Roster

Pack #_____

Pack Day Camp Reg. Coordinator_____e-mail_____

Set-up Volunteer (June 14)_____e-mail_____

Take-down volunteer (June 19) _____e-mail_____

	Camper's Name	Rank	Volunteer's name	Mon	Tues	Wed	Thur	Fee	Date Paid
1								$	
2								$	
3								$	
4								$	
5								$	
6								$	
7								$	
8								$	
9								$	
10								$	
11								$	
12								$	
13								$	
14								$	
15								$	
16								$	
17								$	