

Day Camp 2004 – Sibling Camp Roster

Pack Coordinator _____

Phone # () _____

Email Address _____

Pack # _____

Session ☐ AM (8:00 - 1:30)

☐ PM (2:30 - 8:00)

Camp Location: O'Neill Park Camp Date: June 21-25, 2004

Office Use Only	Camper's Name	Boy or Girl		Age	Days at Camp					Adult Volunteer	Phone #	Shirt \$	Extra Shirt \$
	1	B	G		M	T	W	T	F				
	2	B	G		M	T	W	T	F				
	3	B	G		M	T	W	T	F				
	4	B	G		M	T	W	T	F				
	5	B	G		M	T	W	T	F				
	6	B	G		M	T	W	T	F				
	7	B	G		M	T	W	T	F				
	8	B	G		M	T	W	T	F				
	9	B	G		M	T	W	T	F				
	10	B	G		M	T	W	T	F				
	11	B	G		M	T	W	T	F				
	12	B	G		M	T	W	T	F				
	13	B	G		M	T	W	T	F				
	14	B	G		M	T	W	T	F				
	15	B	G		M	T	W	T	F				
	16	B	G		M	T	W	T	F				
	17	B	G		M	T	W	T	F				
	18	B	G		M	T	W	T	F				
	19	B	G		M	T	W	T	F				
	20	B	G		M	T	W	T	F				

Date Received _____ Amount Received _____

Date Paid IN FULL _____ Balance Due _____