2009 Troop Camp Roster

&

Swim Check Certification

(Turn in during Check-In on Sunday/Reproduce locally)
(Provide 2 copies of this roster)

Troop #: _____

Campsite: _____

Scoutmaster: _____

SPL: _____

Other Adult Leaders with Troop: _____
_____
_____
_____

Name	Swim Check

Name	Swim Check

Swim Check Certification Completion: Date _____
Certified by: _____
Qualifications: _____