

Day Camp 2002 – Sibling Camp Roster

Pack Coordinator _____ Phone # () _____

Email Address _____

Pack # _____

Session # 7A/C - AM

7B/D - PM

District Saddleback

Camp Location O'Neill Park

Camp Date: 6/24 - 28/2002

| Office Use Only | Camper's Name | Boy or Girl | Age | Camp Days | Adult Volunteer | Phone # | Adult Days |
|-----------------|---------------|---|-----|---|-----------------|---------|------------|
| | 1 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 2 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 3 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 4 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 5 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 6 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 7 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 8 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 9 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 10 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 11 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 12 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 13 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 14 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 15 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 16 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 17 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 18 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 19 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |
| | 20 | <input type="checkbox"/> B <input type="checkbox"/> G | | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | | |

The Sibling Camp is available to Volunteeng Parents only on the days volunteering in Camp.