

# Day Camp 2003 – Sibling Camp Roster

Pack # \_\_\_\_\_

Pack Coordinator \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Session  7A - AM (8:00 - 1:30)

7B - PM (2:30 - 8:00)

Email Address \_\_\_\_\_

Camp Date: 6/23 - 27/2003 Camp Location: O'Neill Park

Office Use Only	Camper's Name	Boy or Girl		Age	Days at Camp					Adult Volunteer	Phone #	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			

SIBLING

Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_  
 Balance Due \_\_\_\_\_  
 Date Paid IN FULL \_\_\_\_\_