

Day Camp 2004 – Adult Volunteer Roster

Pack Coordinator _____

Phone # () _____

Pack # _____

Session AM (8:00 - 1:30)

PM (2:30 - 8:00)

Email Address _____

Adult Coverage 1 to 4 Ratio each session? Yes No

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

| Office Use Only | Adult Volunteer | Phone # | Days Volunteering | | | | | Extra Shirt \$ |
|-----------------|-----------------|---------|-------------------|---|---|---|---|----------------|
| | | | | | | | | |
| 1 | | | M | T | W | T | F | |
| 2 | | | M | T | W | T | F | |
| 3 | | | M | T | W | T | F | |
| 4 | | | M | T | W | T | F | |
| 5 | | | M | T | W | T | F | |
| 6 | | | M | T | W | T | F | |
| 7 | | | M | T | W | T | F | |
| 8 | | | M | T | W | T | F | |
| 9 | | | M | T | W | T | F | |
| 10 | | | M | T | W | T | F | |
| 11 | | | M | T | W | T | F | |
| 12 | | | M | T | W | T | F | |
| 13 | | | M | T | W | T | F | |
| 14 | | | M | T | W | T | F | |
| 15 | | | M | T | W | T | F | |
| 16 | | | M | T | W | T | F | |
| 17 | | | M | T | W | T | F | |
| 18 | | | M | T | W | T | F | |
| 19 | | | M | T | W | T | F | |
| 20 | | | M | T | W | T | F | |

ADULT

Each Pack MUST provide one adult for every four campers attending camp every session every day. 5 campers means 2 adults. Please help us provide the BEST experience for every Cub, we must have the proper adult coverage to do this. Orange County Council BSA offers the finest 100% Volunteer Day Camp in the country. **Thanks to you.**

Date Received _____ Amount Received _____
 Date Paid IN FULL _____ Balance Due _____