

Webelos Camp 2005 Visitor Roster

To be in the Scout Office by May 2, 2005 along with final payment, Site Roster, and Class One Personal Health and Medical Records

Pack #: _____ Dates Attending Camp: _____

[] Camp Heritage (4th grade) [] Camp Whitewater (5th grade)

For parents visiting their Scouts at camp for the day. Please indicate below the name of the parent and which day they will be visiting.

PARENTS

**Please indicate next to each adult's name the day they will be in camp:
Mon, Tues, Wed, Thurs, Fri, Sat, Sun**

| Name | Day Visiting Camp |
|------|-------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Visitor Fee Worksheet:

Attending _____ x \$30.00 _____

Total Due: _____

Questions?

Please contact Chrissie at the
Webelos Camping Department at the
Scout Office, (763) 545-4550, ext. 1146.

Please mail this form to:

Viking Council, BSA
Webelos Camp 2005
5300 Glenwood Avenue
Minneapolis, MN 55422