

SHORT TERM CAMP USE ROSTER for GOOD TURN PROGRAM WORKDAYS
PIPESTONE CERTIFICATION for Good Turn Requirement
Circle one: Seven Ranges - Camp McKinley - Camp Rodman

| | | | |
|---------------------|--|------------------|--|
| Date: | | Campsite: | |
| Unit #: | | Camping: | <input type="checkbox"/> Friday Night <input type="checkbox"/> Saturday Night <input type="checkbox"/> Day Trip Only |
| District: | | Council: | |
| Unit Leader: | | | |
| Address: | | | |
| City/St/ZIP: | | | |
| eMail: | | Phone: | |

---- ROSTER ----

| | SCOUT'S NAME | | SCOUT'S NAME |
|-----|--------------|--|--------------|
| 1. | | 17. | |
| 2. | | 18. | |
| 3. | | 19. | |
| 4. | | 20. | |
| 5. | | 21. | |
| 6. | | 22. | |
| 7. | | 23. | |
| 8. | | 24. | |
| 9. | | 25. | |
| 10. | | ADULT'S NAME (18 yr. & older - Including leader in charge) | |
| 11. | | | |
| 12. | | 1. | |
| 13. | | 2. | |
| 14. | | 3. | |
| 15. | | 4. | |
| 16. | | 5. | |

Total Youth: _____ + **Total Adult:** _____ = **Total Participants:** _____

GOOD TURN REQUIREMENT is COMPLETED - CERTIFIED BY _____ **DATE** _____
 (Signature of Unit Leader)