

Camp Emerald Bay Attendance Roster and Ship Manifest

Complete prior to arrival at Camp, submit to Camp Staff member at Check-In

Troop #: _____ Registration #: _____ Council: _____

	Name	BSA ID	Ethnicity	Med Form	Perm Slip	Youth Protection Training	Type		Program	Arrival		Departure	
							Y	A		Ferry	Other	Ferry	Other
EX	Joe Scoutmaster	123456789	W	✓	✓	✓	Y	A	RS	✓			Friday
1							Y	A					
2							Y	A					
3							Y	A					
4							Y	A					
5							Y	A					
6							Y	A					
7							Y	A					
8							Y	A					
9							Y	A					
10							Y	A					
11							Y	A					
12							Y	A					
13							Y	A					
14							Y	A					
15							Y	A					
16							Y	A					
17							Y	A					
18							Y	A					
19							Y	A					
20							Y	A					

Check-In Staff Name:										Office Use Only						Check-In Time:							
Ferry Total										Insurance:		Y	N	Boat #:		Camp Total							
Y	A	E	C	S	O	R	Female	Total	Balance Due:						Y	A	E	C	S	O	R	Female	Total
									Paid:														

Ethnicity: W-White B-Black NA-Native American HS-Hispanic AP-Asian/Pacific Islander O-Other

Program: T-Traditional Merit Badge RE-Rugged Explorers RC-Rugged Canoe RS-Rugged SCUBA RO-Rugged Ocean RR-Rugged Rescue