

# Attendance Transmittal

Date of Transmittal \_\_\_\_\_

## Pack Roster

**Submit this form with each fee payment**

Council \_\_\_\_\_ Pack \_\_\_\_\_ Campsite \_\_\_\_\_ Session Color \_\_\_\_\_

**Fees for Packs:**  
due Friday, May 31st

**Please submit this form with every fee payment to**  
Prairielands Council, BSA  
P.O. Box 6267  
Champaign, IL 61826-6267

### Contact Info

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Adults in camp

Name	Position	Circle nights at camp		
_____	_____	Sun.	Mon.	Tues.
_____	_____	Sun.	Mon.	Tues.
_____	_____	Sun.	Mon.	Tues.
_____	_____	Sun.	Mon.	Tues.
_____	_____	Sun.	Mon.	Tues.
_____	_____	Sun.	Mon.	Tues.
_____	_____	Sun.	Mon.	Tues.
_____	_____	Sun.	Mon.	Tues.
_____	_____	Sun.	Mon.	Tues.

### Cub Scouts in camp

- |           |           |
|-----------|-----------|
| 1. _____  | 13. _____ |
| 2. _____  | 14. _____ |
| 3. _____  | 15. _____ |
| 4. _____  | 16. _____ |
| 5. _____  | 17. _____ |
| 6. _____  | 18. _____ |
| 7. _____  | 19. _____ |
| 8. _____  | 20. _____ |
| 9. _____  | 21. _____ |
| 10. _____ | 22. _____ |
| 11. _____ | 23. _____ |
| 12. _____ | 24. _____ |

		Fee	Total
Number of adults _____	X	_____ =	_____
Number of youth _____	X	_____ =	_____
Total fees for this transmittal			_____

Our pack will use Camp Drake tents and cots (circle one)

YES NO