



# Attendance Transmittal

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

## Troop Roster

**Submit this form with each fee payment**

Community \_\_\_\_\_ Troop \_\_\_\_\_ Campsite \_\_\_\_\_ Week No. \_\_\_\_\_

### Fees for Troops:

Deposit due Saturday, January 30th, 2016

Final payment due April 15, 2016

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

### Troop Adult Contact Information

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

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

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

### Adults in camp

Name	Position	Circle nights at camp
_____	_____	S M T W T F
_____	_____	S M T W T F
_____	_____	S M T W T F
_____	_____	S M T W T F
_____	_____	S M T W T F
_____	_____	S M T W T F
_____	_____	S M T W T F
_____	_____	S M T W T F
_____	_____	S M T W T F

### 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		_____

