

STEARNS WEBELOS CAMP 2009

PACK #: _____ DISTRICT: _____

CONTACT NAME: _____ PHONE: _____

Session: (PLEASE RETURN ROSTER TO COUNCIL TWO WEEKS PRIOR TO SESSION DATE)

Mark with an 'X'

_____ #1 August 7-10, 2009

_____ #2 August 14-17, 2009

_____ #3 August 21-24, 2009

Outpost _____ #1 August 10-11, 2009

Outpost _____ #2 August 17-18, 2009

Outpost _____ #3 August 24-25, 2009

FAX: 763-231-7202
MAIL:
 Northern Star Council
 Camp Stearns
 393 Marshall Ave.
 St. Paul, MN 55102

PARTICIPANT NAME	PLEASE CHECK ONE		Outpost Program Yes or No	Please list any Health Concerns & Dietary Needs
	ADULT	WEBELOS		
1.				
2.				
3.				
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24.				
25.				

For Office Use Only: Order ID(s): _____ Roster Checked by _____
 Totals-- Webelos: _____ Adults: _____ Unregistered: _____