

For North Wind Staff Use: Crew Name: _____ Crew Guide: _____ Asst. Guide: _____



North Wind Crew Roster

Venture Crew/Team/Troop # _____

Weekend Camp Date _____

Adult Leaders

Name	Address	City, State, Zip	Phone #	*Year

Youth Participants

	* Year		* Year
1. _____	_____	7. _____	_____
2. _____	_____	8. _____	_____
3. _____	_____	9. _____	_____
4. _____	_____	10. _____	_____
5. _____	_____	11. _____	_____
6. _____	_____	12. _____	_____

* Number of years attended North Wind including this year. (For example, if this is your first year, mark "1"; if this is your third year, mark "3".)

I certify that all participants are registered members of the BSA and meet the requirements for participation in the program: _____

Signature of Adult Leader