

Short Term Camp Use Roster for Good Turn Program Workdays Pipestone Certification for Good Turn Requirements

Seven Ranges _____

McKinley _____

Rodman _____

Date	
Unit #	
District	
Council	
Unit Leader	
Address	
City State Zip	
email	

Campsite/Building		
Camping:		
	Friday	
	Saturday	
	Day Only	

Scouts Name		Scouts Name	
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10	Adults Name		
11		1	
12		2	
13		3	
14		4	
15		5	

Total Youth _____

Total Adults _____

Total Participants _____

Certified By: _____

(Pipestone Representative)

Date: _____

