

**SHORT TERM CAMP USE ROSTER for GOOD TURN PROGRAM WORKDAYS**  
**PIPESTONE CERTIFICATION for Good Turn Requirement**  
 Circle one: **Seven Ranges** - **Camp McKinley** - **Camp Rodman**

<b>Date:</b>		<b>Campsite:</b>	
<b>Unit #:</b>		<b>Camping:</b>	<input type="checkbox"/> Friday Night <input type="checkbox"/> Saturday Night <input type="checkbox"/> Day Trip Only
<b>District:</b>		<b>Council:</b>	
<b>Unit Leader:</b>			
<b>Address:</b>			
<b>City/St/ZIP:</b>			
<b>eMail:</b>		<b>Phone:</b>	

*Note to Campmasters: Make copy and send original to Mike Devine (309 Galaxy Drive NW, Dover, Ohio, 44622 OR mehlvyn.sneard@yahoo.com)*

**---- ROSTER ---**

	SCOUT'S NAME		SCOUT'S NAME
1.		17.	
2.		18.	
3.		19.	
4.		20.	
5.		21.	
6.		22.	
7.		23.	
8.		24.	
9.		25.	
10.		ADULT'S NAME (18 yr. & older - Including leader in charge)	
11.			
12.		1.	
13.		2.	
14.		3.	
15.		4.	
16.		5.	

**Total Youth:** \_\_\_\_\_ + **Total Adult:** \_\_\_\_\_ = **Total Participants:** \_\_\_\_\_

**GOOD TURN REQUIREMENT is COMPLETED - CERTIFIED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 (Signature of Pipestone Representative)