Unit Roster

Unit _____ [ ] Troop
[ ] Team
[ ] Crew

Unit Leader: _____[ ] Trained
(Scoutmaster/Crew Advisor)

Asst. Leader: _____[ ] Trained

Asst. Leader: _____[ ] Trained

Asst. Leader:_____[ ] Trained

List Unit leaders first, followed by all youth members.
Rank: SM=Scoutmaster, ASM=Asst. Scoutmaster
E=Eagle, L=Life, S=Star, 1=1st Class, 2=2nd Class, T=Tenderfoot, N=Scout

Last Name	First Name	Age	Rank	Date Birth	Medical Insurance Carrier	Policy Number	*Medical Concerns	Physician Phone No.	Emergency Contact	Emergency Phone

- List medical concerns below: (attach additional pages as necessary)

Scout: _____ Concern: _____
Scout: _____ _____Concern: _____
Scout: _____ Concern: _____
Scout: _____ Concern: _____