Camp Jeremiah Johnson Youth Program Roster

Please bring this completed form with you to Camp Jeremiah Johnson

Date attending camp _____

Chartering Organization _____

(LDS Stake/Ward or Community Group)

Adult's Name	Phone Number	Email	Health Form
			Yes No
			Yes No
			Yes No
			Yes No

Youth's Name	Parent's Name	Phone Number	Email	Birth Date	Health Form
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

**Be aware - When you check-in at camp you will need to know the numbers for each of these categories:

7, 8 & 9 Year-Olds		10 & 11 Year Olds		Leaders	