# Girls 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 | Health Form |
|---|---|---|
| | | Yes No |
| | | Yes No |
| | | Yes No |
| | | Yes No |

| Youth's Name | Parent's Name(s) | Phone Number | Age | 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 |

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

| | | | | | |
|---|---|---|---|---|---|
| 8 & 9 Year Olds | | 10 & 11 Year Olds | | Leaders | |