

# Camp Attendance Report

Name of Camp: \_\_\_\_\_ SU: \_\_\_\_\_

Name of Camp Director: \_\_\_\_\_ Dates of Camp: \_\_\_\_\_

Location of Camp : \_\_\_\_\_ Grade Level of Campers: \_\_\_\_\_

**Type of Camp:** Day Camp Twilight Camp Weekend Camp Partial Week  
 Resident Camp Family Camp (weekend version)

Racial/Ethnic  
 (A) Enter number of persons now registering in each category  
 (B) Of those reported, indicated number who are also of Spanish/Hispanic origin.

	(A) Number of members in each racial group.			(B) Number also of Spanish/Hispanic origin.		
	Girls	Adults	Tag-a-longs	Girls	Adults	Tag-alongs
American Indian or Alaskan Native						
Asian or Pacific Islander						
Black						
White						
Other						

Name of Adults	Date	Date	Date	Date	Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
Program Aide / Counselor - in - Training Girls	Date	Date	Date	Date	Date
1.					
2.					
3.					
4.					

Names of Girl Scouts	Date	Date	Date	Date	Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
Names of Tag-along Unit Children	Date	Date	Date	Date	Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					