

Unit Leader _____

Unit # _____

Council _____

Dates of Camp _____

High Adventure Roster

L.E. Phillips High Adventure Base

Phillips Scout Reservation "America's Premier Camp"

Week Long

3 Day Trek / Program



Name	(A)dult (Y)outh	Address	City, State	Zip	Sex F/M	What year Camper
1						
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Name	(A)dult (Y)outh	Address	City, State	Zip Code	Sex F/M	What year Camper
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