ADULT CAMPER BACKGROUND CLEARANCE COMPLIANCE

NON PA RESIDENTS

Unit Type (check one): ◯ Pack ◯ Troop ◯ Crew Unit #:

Council: _____ District: _____

Primary Unit Contact Name: _____

Phone #: _____ Email: _____

Roster of Adults Attending Summer Camp with Unit:

Name	YPT Date	Name	YPT Date

I certify that the Adults listed above will be attending summer camp at Ockanickon Scout Reservation. All Adults are registered on our unit's charter and have current YPT.

_____ _____

Primary Unit Contact Signature Date

I certify that the Adults listed above are currently registered and have current YPT.

_____ _____

Signature of Council Registrar Date

_____ _____

Printed Name of Council Registrar Date