



Camp Ho Non Wah

Unit In-Camp Leader –Youth Protection Verification (Please print legibly)

Unit Type _____ Number _____ Home Council _____ Date Attending Camp _____

Please complete the following information for all adult leader (18+) and present this during check-in.

The following adults are attending camp with our unit and I certify this information is complete & correct _____ (Unit Leader Signature)

Name	Position	BSA ID #	YPT Date	Check days that apply.							
				All Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Unit Leader in Charge										