Camp Moultrie

Coastal Carolina Council

Camp HNW

Unit Roster and
Youth Protection Verification

Unit Type: _____ **Unit Number:** ____ **Date Attending Camp:** _____

Camp Moultrie: _____ **Camp HNW** _____

Please complete the following information for all adult leaders (18+) - Position and date completed Youth Protection Trai

Name	Rank or Position	Emergency Contact Name	Emergency Phone	AdultsYPT Date

Unit Leader Signature: _____ Date: _____

BRING TWO COPIES TO CAMP