

**2012 Summer Camp - PIPESTONE CERTIFICATION for Good Turn Requirement
and SHORT TERM CAMP USE ROSTER for GOOD TURN PROGRAM WORKDAYS**

Circle one: **7-Ranges or McKinley or Rodman** **Please Print**

UNIT(Type & No.) _____ DISTRICT _____ COUNCIL _____

2012 PERIOD IN SUMMER CAMP _____ AT CAMPSITE _____

NAME OF LEADER IN CHARGE _____

(Must be 21 yr. or older)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE ____/____/____ WORK PHONE ____/____/____ ext. _____ E-MAIL _____

Note to Campmasters: Make copy and send original to Bill Trimmer – 215 Polaris Dr. – Dover, OH 44622 – 330-364-1648

Date(s) _____ ____ Day Use, or ____ Camping
Campsite: _____
Project(s): _____

---- ROSTER ----

	SCOUT'S NAME	2012 GOAL PIPESTONE	OK		SCOUT'S NAME	2012 GOAL PIPESTONE	OK
1.				29.			
2.				30.			
3.				31.			
4.				32.			
5.				33.			
6.				34.			
7.				35.			
8.				36.			
9.				37.			
10.				38.			
11.				39.			
12.				40.			
13.				41.			
14.				42.			
15.					ADULT'S NAME (18 yr. & older - Including leader in charge)		
16.							
17.				1.			
18.				2.			
19.				3.			
20.				4.			
21.				5.			
22.				6.			
23.				7.			
24.				8.			
25.				9.			
26.				10.			
27.				11.			
28.				12.			

Check "OK" if GOOD TURN REQUIREMENT is COMPLETED - CERTIFIED BY _____ DATE _____
Buckeye Council, BSA (form revised 9-15-11) (Signature of Pipestone Representative)

TOTAL NUMBER OF SCOUTS _____ TOTAL NUMBER OF ADULTS _____
TOTAL Scouts + TOTAL Adults = _____ NOTE: INCLUDE ALL SCOUTS AND ADULTS on camp property.
Total for LUNCH at Dining Hall - only on Good Turn Weekends _____