

Ockanickon Scout Reservation

Summer Camp Youth Roster

Unit: _____ Council: _____ Camp Week: _____

A complete Camp Roster must be submitted **three weeks** before your unit arrives

Mail to: Ockanickon Scout Reservation, 5787 State Park Rd, Pipersville, PA 18947

Email to: **rosters@ockanickon.org**, confirmation will be emailed back within 72 hours.

Fax to: (215) 297-8702

All participants listed below agree to allow their likeness to be reproduced in Ockanickon publications

Please retain a copy for your Troop's records

Unit Leader: _____ Contact Number: _____

Asst. Leader: _____ Contact Number: _____

Youth Information

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