

Camper Accommodation Register

Please list ALL guests (including staff and day visitors) who are attending your camp and the rooms they will be staying in. Please give a copy to the Camp Caretaker on arrival at camp, ensuring that any campers who do not attend are clearly crossed off. This is to ensure all guests are accounted for in an emergency.



'By the side of the waters'

FEMALE BUNKHOUSE			
Room 1	Camper Name	Nights	
Room 2	Camper Name	Nights	
Room 3	Camper Name	Nights	
Room 4	Camper Name	Nights	
Room 5	Camper Name	Nights	
Room 6	Camper Name	Nights	

FEMALE LEADER'S CABIN		
Rm A	Camper Name	Nights
Rm B	Camper Name	Nights
Room C	Camper Name	Nights
Rm D	Camper Name	Nights

DAY VISITORS		
Name	Days	
1		
2		
3		
4		
5		
6		
7		
8		
9		

Group: _____

Dates: _____ In/Out Times: _____

Leader: _____ Signed: _____



Please indicate any children under five years old with an asterisk (*) next to the number of nights, as these campers attend for free.

MALE BUNKHOUSE					
Room 1	Camper Name	Nights	Room 2	Camper Name	Nights
Room 3	Camper Name	Nights	Room 4	Camper Name	Nights
Room 5	Camper Name	Nights	Room 6	Camper Name	Nights

MALE LEADER'S CABIN		
Rm A	Camper Name	Nights
Rm B	Camper Name	Nights
Room C	Camper Name	Nights
Room D	Camper Name	Nights

DAY VISITORS		
	Name	Days
1		
2		
3		
4		
5		
6		
7		
8		
9		