

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. This list will be used to ensure all guests are accounted for in an emergency. Please give full names and appropriate night codes for each night of stay per camper.

NIGHT CODES:	Th = Thursday
Mo = Monday	Fr = Friday
Tu = Tuesday	Sa = Saturday
We = Wednesday	Su = Sunday



'By the side of the waters'

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

Mark children under five years old with an asterisk (*), as these campers attend for free.

Please sign reverse side

Group: _____
 Dates: _____ Leader: _____
 In/Out Times: _____ Signed: _____

NIGHT CODES: Th = Thursday
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 We = Wednesday Su = Sunday



'By the side of the waters'

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		