

**Scout Overnight Participant Roster**

 **Overnight Date:**

 **Pack/Troop Contact Person:**

 **Pack/Troop Number:**

Please type all entries, group families together and listing participants by last name whenever possible. Please expand this list as needed and leave the Food Allergies and Special Meal columns column blank if the individual has no allergies/does not need a special meal. The Special Meal is a gluten, diary, and nut free dinner only available to those who pre-order using this Participant Roster.

**Example:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name, First Name** | **Adult or Child** | **Food Allergies** | **Special Meal** |
| Smith, Jane | Child | Gluten  | Yes |

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| --- | --- | --- | --- |
| **Last Name, First Name** | **Adult or Child** | **Food Allergies** | **Special Meal** |
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