

# BSA Troop 49 Service / Activity Sign In Sheet

Activity: \_\_\_\_\_ Date: \_\_\_\_\_  
 Lead Adult: \_\_\_\_\_ Lead Scout (SPL): \_\_\_\_\_

It is understood that if a scout is present at the activity he has parental permission to be at the activity and, in the event of an emergency, the Troop has authorization to provide or seek treatment.

	Scout Name	Parent Phone Number	Time IN	Time OUT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
	Adult Name	Emergency Contact Phone Number	Time IN	Time OUT
1				
2				
3				
4				
5				
6				

Use reverse side to list additional volunteers