

## YOUTH PROTECTION TRAINING ROSTER

Unit Leader \_\_\_\_\_ Unit # \_\_\_\_\_  
 Camp  Camp Royaneh     Wente Scout Reservation    Session: \_\_\_\_\_

ADULT LEADER NAME	DATE OF TRAINING
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

I verify that the above adult leaders have completed Youth Protection Training on the dates listed.

NAME (printed): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**(Reproduce for Unit use)**