girl scouts
dakota horizons

Troop Travel Participation Roster

SU:	Troop #	Event date(s):		
GIRLS				CO-LEADER TO COMPLETE
Full Name (Last, First)	Emergency Contact Name	Emergency Phone Number	Notes, allergies, special needs, etc	Registered yes/no

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Troop Travel Participation Roster

SU:	Troop #	Event date(s):					
ADULTS				CO-LEADERS TO COMPLETE AND VERIFY			
Full Name (Last, First)	Emergency Contact Name	Emergency Phone Number	Driver yes/no	Registered yes/no	CBC Exp Date	First Aid Exp Date	CPR Exp Date

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Troop Travel Participation Roster

SU:	Troop #	Event date(s):		
OTHERS (Tagalongs/Siblings)				CO-LEADER TO COMPLETE
Full Name (Last, First)	Emergency Contact Name	Emergency Phone Number	Notes, allergies, special needs, etc	Registered yes/no