

Troop Travel Participation Roster



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

Troop Travel Participation Roster

SU:		Troop #	Event date(s):				
ADULTS				CO-LEADERS TO COMPLETE AND VERIFY			
				Registered yes/no	CBC Exp Date	First Aid Exp Date	CPR Exp Date
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

Troop Travel Participation Roster

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