



☎ Questions regarding registration? Call: 830.620.0224

Group Information - FOR GROUP LEADER ONLY - (Please Print)

1

2

3

4

5

Group List

INSTRUCTIONS: Please list all the members of your group. Only one member per line. Mark the **MALE** or **FEMALE** boxes with "X"

TOTAL IN YOUR GROUP

DATE

	LAST NAME	FIRST NAME	AGE	MALE	FEMALE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

CONTINUE ON NEXT PAGE IF NEEDED ►



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Group List cont.

	LAST NAME	FIRST NAME	AGE	MALE	FEMALE
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
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36					
37					
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15					
39					
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41					
42					
43					
44					
45					



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Room Assignments

GROUP NAME (CHURCH, PARISH, SCHOOL ETC.)	DATE

Room#	Room#	Room#	Room#	Room#

Room#	Room#	Room#	Room#	Room#

Room#	Room#	Room#	Room#	Room#

Room#	Room#	Room#	Room#	Room#

Room#	Room#	Room#	Room#	Room#



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Team Assignments

GROUP NAME (CHURCH, PARISH, SCHOOL ETC.)

DATE

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1	LEADER'S NAME:
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1	LEADER'S NAME:
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1	LEADER'S NAME:
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1	LEADER'S NAME:
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Designated Drivers

GROUP NAME (CHURCH, PARISH, SCHOOL ETC.)

DATE

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DRIVER'S NAME:
ADDRESS:
BIRTH DATE:
DRIVER'S LICENCE #:
STATE ISSUED:
EXP. DATE:

DRIVER'S NAME:
ADDRESS:
BIRTH DATE:
DRIVER'S LICENCE #:
STATE ISSUED:
EXP. DATE:

DRIVER'S NAME:
ADDRESS:
BIRTH DATE:
DRIVER'S LICENCE #:
STATE ISSUED:
EXP. DATE:

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BIRTH DATE:
DRIVER'S LICENCE #:
STATE ISSUED:
EXP. DATE:

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ADDRESS:
BIRTH DATE:
DRIVER'S LICENCE #:
STATE ISSUED:
EXP. DATE: