Team Name: _____
Trip Date: _____
Team Leader:

Remember to check that all passports are valid for 6 months AFTER YOUR TRAVEL DATE!

	Last Name	First Name	Title	A=Adult, S=College Student Y=Youth (high school or younger)	M=Male, F=Female	1st Trip?	Street	City	State	Zip	Home Phone	Cell Phone	Work Phone	Email	Sponsor (Y or N)	Name of Girl Sponsored	Name of Emergency Contact	Emergency Contact Number	Copy of Passport Included	Copy of Covid Vaccination Card Included
Ex.	Bourgault	Wendy		A	F		19 Beach Street	Deerfield Beach	FL	33442	954-254-2316	305-401-0378	305-603-9758	wendy.bourgault@ourlittleroses.org	Y		Kenneth G. Bourgault	954-849-6040	Y	Y
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20																				