



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Group Name: _____ Dates at camp: _____

Leader Name: _____ Contact #: _____

Please fill the table with the names of all people expected to attend from your group. Mark the box indicating whether they're an adult or child.

Email to smorris@ymca.org BEFORE arrival date.

	Name	Adult	Child under 18
1			
2			
3			
4			
5			
6			
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Group Name: _____ Dates at camp: _____

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	Name	Adult	Child under 18
26			
27			
28			
29			
30			
31			
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Group Name: _____ Dates at camp: _____

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	Name	Adult	Child under 18
51			
52			
53			
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Group Name: _____ Dates at camp: _____

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	Name	Adult	Child under 18
76			
77			
78			
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81			
82			
83			
84			
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