

TREK I CREW - FINAL ROSTER FORM



Please complete the entire form below and return it to Swamp Base by March 1st with your Trek Crew's Final Payment balance. If an individual in your crew is allergic to some food products, requires a special diet, or has specific religious food needs; suitable food substitutions must be purchased at home and brought or shipped to Swamp Base.

Please note: If a unit has been assigned multiple Trek Crew #'s, each trek crew must have its own form completed, regardless of whether they arrive on the same day.

Trek Crew #: _____ **Trek Advisor Name:** (lead adult participating on the trek) _____

Cell Phone #: _____ **Address:** _____

	Name	Adult/Youth (Age), M/F	Crew Position (P.29 in Leader's Guide)	Dietary Restrictions	Allergies	Email
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						