

Adventure Trek 2008 Team Information

Team Name	
Unit #	
District	
Council	

<i>Personal Information</i>							<i>Emergency Contact Information</i>						
#	Participant	First Name	Last Name	Male or Female	Shirt Size	Special Diet needs	Medical Needs	Person	Relation		Day Phone	Evening Phone	E-mail
1													
2													
3													
4													
5													
6													

<i>Personal Information</i>							<i>Contact Information</i>							
#	Adult	First Name	Last Name	M/F	Shirt Size	Special Diet needs	Medical Needs	Address	City	State	Zip Code	Day Phone	Evening Phone	E-mail
1														
2														
3														

Details on Special Diet Needs:

Details on Medical Needs:

Return form to:
 Pat Mead
 Email: pmead72@comcast.net
 Phone: 503-614-1119
 Address:
 15846 NW Andalusian Way
 Portland, OR 97229