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## ROSTER OF PARTICIPANTS

Operation Slumber Date: \_\_\_\_\_

Group Name: \_\_\_\_\_ Group Leader Name: \_\_\_\_\_

Please fill out the names of all participants (**adults & kids**) attending Operation Slumber and indicate the child's age.

**This form must be submitted (4) weeks prior to your visit. Forms not returned (4) weeks prior may result in participants not receiving all items distributed during "Operation Slumber."**

Name of Participant	Age of Participant
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____
26. _____	_____
27. _____	_____
28. _____	_____
29. _____	_____
30. _____	_____

Water bottles and patches are given to Youth participants ONLY.