

Date

GROUP REGISTRATION FORM

Name of group

Leader's name

Leader's address

Postal Code Telephone #

Number of maps needed Fee \$

Please list **ALL** other participants:

- 2 Circle one: Adult Senior Teen Child
- 3 Circle one: Adult Senior Teen Child
- 4 Circle one: Adult Senior Teen Child
- 5 Circle one: Adult Senior Teen Child
- 6 Circle one: Adult Senior Teen Child
- 7 Circle one: Adult Senior Teen Child
- 8 Circle one: Adult Senior Teen Child
- 9 Circle one: Adult Senior Teen Child
- 10 Circle one: Adult Senior Teen Child
- 11 Circle one: Adult Senior Teen Child
- 12 Circle one: Adult Senior Teen Child
- 13 Circle one: Adult Senior Teen Child
- 14 Circle one: Adult Senior Teen Child
- 15 Circle one: Adult Senior Teen Child
- 16 Circle one: Adult Senior Teen Child
- 17 Circle one: Adult Senior Teen Child
- 18 Circle one: Adult Senior Teen Child
- 19 Circle one: Adult Senior Teen Child

Please use the back of this sheet if you have more participants.