## 2024 Southeast Summer Adventure Adult Leadership Roster

Trail Life
Instructions: This roster is to be completed by the registered adult leaders who will be primarily responsible for the youth while at camp. Please complete both the adult and youth rosters below and email to info@tlusa-se.org. Payment instructions will be sent to the primary contact's email address. Be advised, there is a 3\% card processing fee for all card

| Primary Contact |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Last Name | First Name | Troop | Phone \# | Email Address | Dietary Restrictions | Medical | Shirt Size | Options |
|  |  |  |  |  |  |  | (Select) | (Select) |
| Secondary Contact |  |  |  |  |  |  |  |  |
| Last Name | First Name | Troop | Phone \# | Email Address | Dietary Restrictions | Medical | Shirt Size | Options |
|  |  |  |  |  |  |  | (Select) | (Select) |
| All Other Registered Leaders |  |  |  |  |  |  |  |  |
| Last Name | First Name | Troop | Phone \# | Email Address | Dietary Restrictions | Medical | Shirt Size | Options |
|  |  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  |  | (Select) | (Select) |

## 2024 Southeast Summer Adventure Youth Roster

All Youth Attendees

| Last Name | First Name | Troop | Age in June | Dietary Restrictions | Medical | Shirt Size | Options |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
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|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |
|  |  |  |  |  |  | (Select) | (Select) |

