Church or group name _____ **Coordinator name** _____

Date of Trip _____ **Total number in Group** _____

	Name (please print)		Age if < 20	Spanish Y/N	Phone # with area code		E-mail address	Nights	Payment	Special
	Last	First			Main	Alternate	if none, home address	2 or 1	Amount	Needs
1	Doe	Joan		Y	(909)333-3333 (Cell)	(909)555-5555 (H)	joandoe2006@yahoo.com	2	45	Vegetarian
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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