

List Date: _____

NATIONAL CAMPORAMA ADULT PARTICIPANT LIST

Church Name: _____ City & State: _____

Authorized Church Leader:¹ _____ Position/Title: _____

Phone: _____ Email: _____

Please list all adults from your church who will be attending this event. Any registered adults not listed will not be admitted. Attach additional pages if needed. If this information changes prior to the event, please submit a revised list. Send this information by email to Registration@ag.org or fax to 417-862-7891. For assistance contact 417-862-2781 ext 4052.

Name	Date of Birth	Gender
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
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_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

I attest that this is an accurate current list of all individuals who will be attending this event, and that all adults have met the adult participation requirements as stated on the church participation affidavit.

Signature of Authorized Church Leader

Date

¹ Authorized Church Leader must be the same individual named on your church's Event Participation Affidavit