Participant Registration Form

Each unit leader can use this form to aid in registration on Tentaroo.

irst Name:	LdSt Name	
Unit:	Age:	Phone: ()
Name of Parent/G	uardian:	
Email Address:		
Food Allergies:		
Medication(s):	A CANADA CONTRACTOR OF THE STATE OF	
	Course C	Choices
1.		
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7.		
	Back-Up Cours	se Selections
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2		