

## GROUP ROSTER

The completed roster is needed 4 weeks prior to the group's arrival stating your final numbers, along with participant's names, ages, gender, and dietary needs

**CROSS Missions Group:** \_\_\_\_\_  
**FINAL NUMBERS:** \_\_\_\_\_

### Adult Information

Name	M/F	Age
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Special dietary needs for group:

### Youth Information

Name	M/F	Age	Completed Grade
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

*Group Roster may be emailed to [acranford@myersparkpres.org](mailto:acranford@myersparkpres.org) or faxed to 704-334-0352 ATTN: CROSS Missions  
 (use multiple sheets if necessary)*