Troop Group Travel Roster

*** Leave a copy of this roster with the at-home Emergency Contact Person**

Troop/Group: _____ **Date of Trip:** _____ **Destination:** _____

At-Home Contact: _____ **Phone Number:** _____

Person in Charge: _____

First aid and CPR Person: _____

Girl Name	Parent/Guardian Name	Phone Number	Emergency Contact	Contact's Phone Number

Adult Name	Phone Number	Role	Emergency Contact	Contact's Phone Number
		Person in Charge		