

2012-2013 Eligible Roster

For travel, print this form, complete below, and place a check next to the names of those who will travel with your club this week. Submit at the weekly "pre-trip" meeting.

Destination: _____ Event Host: _____

Departure Date: _____ Return Date: _____

Travel contact number: (_____) _____

Team

Last Name	First Name	eligible to compete	eligible to practice	eligible driver	will travel this week?
Adamis	Mackenzie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amos	Abigail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucher	Alyssa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buechler	Kaylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cain	Teresa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christ	Kaitlin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cloonan	Katey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook	Elizabeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Csete	Kathryn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuellar	Nathalie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deanda	Alyssa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enes	Jordyn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erskine	Aja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faniani	Jenna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ferneau	Rachel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guzman	Nicole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hara	Danielle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Henderson	Kristin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kapp	Rachael	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McFall	Shanah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<input type="text" value="Moreno"/>	<input type="text" value="Hannah"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text" value="Nastari"/>	<input type="text" value="Claire"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text" value="Power"/>	<input type="text" value="Kennedy"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text" value="Ragland"/>	<input type="text" value="Takara"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text" value="Reagan"/>	<input type="text" value="Autumn"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text" value="Smith"/>	<input type="text" value="Ailsa"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text" value="Soden"/>	<input type="text" value="Heather"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text" value="Springer"/>	<input type="text" value="Bianca"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>
<input type="text" value="Vislay"/>	<input type="text" value="Karli"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text" value="Winning"/>	<input type="text" value="Sarah"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>