

# 2010-2011 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?
<input type="text" value="Aguilar"/>	<input type="text" value="Steven"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Beeman"/>	<input type="text" value="Brian"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Begley"/>	<input type="text" value="Brogan"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Chunn"/>	<input type="text" value="Ben"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Ewing"/>	<input type="text" value="Cavan"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>
<input type="text" value="Helms"/>	<input type="text" value="Russell"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Kleinsmith"/>	<input type="text" value="Kenneth"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Laurie"/>	<input type="text" value="Payton"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Mahoney"/>	<input type="text" value="Erin"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>
<input type="text" value="Miller"/>	<input type="text" value="Derek"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Nyberg"/>	<input type="text" value="Eric"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>
<input type="text" value="Shribbs"/>	<input type="text" value="Albert"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="Udsen"/>	<input type="text" value="Max"/>	<input type="text" value="yes"/>	<input type="text" value="yes"/>	<input type="checkbox"/>	<input type="checkbox"/>