

Waskowitz Outdoor School

CLASS ROSTER

School: _____ Teacher: _____ Week: _____

Please alphabetically list all the students in your class. This completed form must be brought to Waskowitz with you. The amount your school is billed will be based on the information you provide on this form.

Before you class departs Waskowitz, you will be asked to sign and verify the information on this completed form.

BOYS

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GIRLS

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