## **GROUP MEMBERS LIST**

Registration #\_\_\_\_\_

Role/Position (clearly indic Group Member	Role/Position (clearly indicate one): Trip Leader Group Member			
Surname:	First Name:	Surname:	Firs	st Name:
Address:	City:	Address:	City:	
Province:	Postal Code:	Province: Postal Code:		stal Code:
Country:	Telephone:	Country: Telephone:		
Email Address:	Email Address:			
May we contact you for fut No	May we contact you for future visitor surveys? ☐ Yes ☐ No			
Role/Position (clearly indic Group Member	Role/Position (clearly indicate one): ☐ Trip Leader ☐ Group Member			
Surname:	First Name:	Surname:		st Name:
Address:	City:	Address:	City	<b>/</b> :
Province:	Postal Code:	Province:		stal Code:
Country:	Telephone:	Country: Telephone:		
Email Address:	Email Address:			
May we contact you for ful No	May we contact you for future visitor surveys? ☐ Yes ☐ No			
Role/Position (clearly indic Group Member	Role/Position (clearly indicate one):   Trip Leader   Group Member			
Surname:	First Name:	Surname: First Name		st Name:
Address:	City:	Address:		<i>(</i> :
Province:	Postal Code:	Province: Pos		stal Code:
Country:	Telephone:	Country: Telephone:		
Email Address:	Email Address:			
May we contact you for ful No	May we contact you for future visitor surveys? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			

## **GROUP MEMBERS LIST**

Registration	#	
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Role/Position (clearly indicate one):   Trip Leader   Group Member		Role/Position (clearly indicate one):   Trip Leader   Group Member		
Surname:	First Name:	Surname:	First Name:	
Address:	City:	Address:	ess: City:	
Province:	Postal Code:	Province:	Postal Code:	
Country:	Telephone:	Country:	Telephone:	
Email Address:		Email Address:		
May we contact you for future visitor surveys?		May we contact you for future visitor surveys? ☐ Yes ☐ No		
Role/Position (clearly indicate one): ☐ Trip Leader ☐ Group Member		Role/Position (clearly indicate one): $\square$ Trip Leader $\square$ Group Member		
Surname:	First Name:	Surname:	First Name:	
Address:	City:	Address:	City:	
Province:	Postal Code:	Province:	Postal Code:	
Country:	Telephone:	Country: Telephone:		
Email Address:		Email Address:		
May we contact you for future visitor surveys? ☐ Yes ☐ No		May we contact you for future visitor surveys? ☐ Yes ☐ No		
Role/Position (clearly indicate one):   Trip Leader   Group Member		Role/Position (clearly indicate one): ☐ Trip Leader ☐ Group Member		
Surname:	First Name:	Surname:	First Name:	
Address:	City:	Address:	City:	
Province:	Postal Code:	Province: Postal Code:		
Country:	Telephone:	Country: Telephone:		
Email Address:		Email Address:		
May we contact you for future visitor surveys? ☐ Yes ☐ No		May we contact you for future visitor surveys? ☐ Yes ☐ No		