

GROUP MEMBERS LIST

Registration # _____

Role/Position (clearly indicate one): <input type="checkbox"/> Trip Leader <input type="checkbox"/> Group Member		Role/Position (clearly indicate one): <input type="checkbox"/> Trip Leader <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact you for future visitor surveys? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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