

HopeWorks

Team Roster and Emergency Information Sheet

Team Name: _____ Team Leader: _____

Team Member Name:	<u>Allergies/Dietary Restrictions, Medications, and/or Medical Conditions:</u>
	<u>Emergency Contact 1:</u> _____ <u>Phone:</u> _____ <u>Email:</u> _____
	<u>Emergency Contact 2:</u> _____ <u>Phone:</u> _____ <u>Email:</u> _____
Team Member Name:	<u>Allergies/Dietary Restrictions, Medications, and/or Medical Conditions:</u>
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