

# Student Attendee List



**Salt'nLight**  
YOUTH MINISTRY INC

Group Name \_\_\_\_\_

Leader Name \_\_\_\_\_

At Event Contact Number \_\_\_\_\_

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Name \_\_\_\_\_ Age: \_\_\_\_\_

Signature: \_\_\_\_\_

I certify that all the information on this form is  
complete and correct

Office Use Only
Camp Site Location: _____
Forms Received By: _____

**TURN IN AT REGISTRATION**