

Leader Attendee List



Salt'nLight
YOUTH MINISTRY INC

Group Name _____

Leader Name _____

At Event Contact Number _____

All leaders and volunteers over the age of 18 **MUST MEET** the requirements for leadership among children and youth at your church and have appropriate clearances on file with your church leadership.

Please initial next to each leader's name to confirm that these are on file.

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Name _____ Clearances : _____

Signature: _____

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

TURN IN AT REGISTRATION