****

**Record of attendance**

**GET OWT!**



For your information and records please fill in the details below.

|  |  |
| --- | --- |
| **LEAD ADULT AND CONTACT TELEPHONE NUMBER** | **NUMBER OF PEOPLE IN GROUP**  |
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As the lead member of your group, please fill in the following information:

FULL NAME…………………………………………………………………………………………………..

CONTACT TELEPHONE NUMBER………………………………………………………………………….

EMAIL ADDRESS……………………………………………………………………………………………..

SIGNED………………………………………… DATE………………………………………………..

*The Salvation Army will use your information for administration purposes and for providing services*

SIGNED BY TEAM MEMBER……………………….... GET OWT! TEAM LEADER…………………………

|  |
| --- |
| MEMBERS OF GET OWT TEAM:  |
| TOTAL NUMBER OF PEOPLE AT GET OWT (INCLUDING TEAM MEMBERS): |
| TOTAL FROM DONATIONS: |