

HARVEST OF HOPE PARTICIPANT ROSTER

Church Name or Group: _____

Main Contact Name, Phone & Email: _____

Participants	Age	Gender	T-shirt size	Does the participant have any dietary preferences or restrictions? Vegetarians, allergies, intolerances, etc.	Other notes: Anything we need to know? Group dynamics, physical limitations, etc.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					