

Housing/Check-In Roster

ID # _____ Post # _____ Local Learning for Life Office No. _____ Local Learning for Life Headquarters City _____ Arrival date _____ Departure date _____

RETURN COMPLETED FORM, DUE DATE to: Fire/Emergency Services Exploring Conference, 1329 W. Walnut Hill Lane, Irving, TX 75038.

Bring any changes to the roster with you to registration at the conference. **KEEP A COPY AND MAKE ANY CORRECTIONS USING THE COPY.**

						For Advisor use at Conference		
	Last Name	First Name	T-Shirt Size	Category* (See below)	Skill Level Beginner/Intermediate/Advance	Building	Room	Key In Out
Room 1								
Room 2								
Room 3								
Room 4								
Room 5								
Room 6								
Room 7								

*Category: ME – Male Explorer FE – Female Explorer AM – Adult Male AF – Adult Female

If there are any problems with this form please call _____

Advisors' Name (please print) _____ Phone # _____

PLEASE KEEP A COPY FOR YOUR RECORDS! Post Advisor Signature _____ Date _____

COPY THIS FORM TO ADD EXTRA NAMES OR OBTAIN COPIES FROM THE WEBSITE – WWW.LEARNING-FOR-LIFE.ORG/EXPLORING (SEE FORMS SECTION OF GUIDEBOOK.)