TAP PARTICIPANT DETAILS -1

	NAME	Cell Phone	Home Phone	Email Address	Home Address	Medical Restrictions	Food Allergies
CREW 1							
CREW 2							
CREW 3							

TAP PARTICIPANT DETAILS -2

	NAME	Gender	Age	Fees Paid	Balance Due	Permission Slip	Health Form	(Passport)	Attendance at TAP Meetings	Participation at TAP Shakedowns
CREW 1		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
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		Select				☐	☐	☐		
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		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
CREW 2		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
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		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
CREW 3		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
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		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		
		Select				☐	☐	☐		