

Youth Explosion Room List

Please complete this room list for EVERYONE attending with your group, both youth and leaders. Please put 1 room leader and at least 4 youth in each room. Please print or make copies of this form as needed. Bring this form with you on the day of registration.

Church Name	Youth Pastor's Name	Contact Number
Total number in Group _____	Number of campers _____	
	Number of leaders _____	

	Room # _____	Males <input type="checkbox"/> Females <input type="checkbox"/>		
	First name	Last name	Age	Leader ?
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
	Room # _____	Males <input type="checkbox"/> Females <input type="checkbox"/>		
	First name	Last name	Age	Leader ?
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
	Room # _____	Males <input type="checkbox"/> Females <input type="checkbox"/>		
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1				<input type="checkbox"/>
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3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>