

SHORT-TERM (24-HOUR) COVERAGE

LIST OF STUDENTS / PARENT VOLUNTEERS AND OTHER YOUTH PARTICIPANTS / STAFF

Please provide names below. If necessary, please make copies and attach separately.

Name of School _____

Name and location of activity _____

Starting date _____

Ending Date _____

Students

#	Last Name	First Name		#	Last Name	First Name
1.				26.		
2.				27.		
3.				28.		
4.				29.		
5.				30.		
6.				31.		
7.				32.		
8.				33.		
9.				34.		
10.				35.		
11.				36.		
12.				37.		
13.				38.		
14.				39.		
15.				40.		
16.				41.		
17.				42.		
18.				43.		
19.				44.		
20.				45.		
21.				46.		
22.				47.		
23.				48.		
24.				49.		
25.				50.		

Parent Volunteers and Other Youth Participants

Last Name	First Name

Staff

Last Name	First Name