

GREEN LEVEL TRAINING PARTICIPANT ROSTER

Site Coordinator: _____
 Agency: _____
 Program Start Date: _____
 City: _____ State: _____
 Golf Course: _____



Please type or print clearly as shown below. This sheet may be mailed, faxed to 561-712-9887 or emailed as an Excel or Word attachment.

Participant Name (First, Last): John Doe	Age: 9	Gender: <input checked="" type="radio"/> M <input type="radio"/> F
Address: 123 Main Street	Past TLC Participant?	
City, State, Zip: Anywhere, USA 12345	YES	<input checked="" type="radio"/> NO
Participant Name (First, Last):	Age:	Gender: <input type="radio"/> M <input type="radio"/> F
Address:	Past TLC Participant?	
City, State, Zip:	YES	<input checked="" type="radio"/> NO
Participant Name (First, Last):	Age:	Gender: <input type="radio"/> M <input type="radio"/> F
Address:	Past TLC Participant?	
City, State, Zip:	YES	<input type="radio"/> NO
Participant Name (First, Last):	Age:	Gender: <input type="radio"/> M <input type="radio"/> F
Address:	Past TLC Participant?	
City, State, Zip:	YES	<input type="radio"/> NO
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Address:	Past TLC Participant?	
City, State, Zip:	YES	<input type="radio"/> NO
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Participant Name (First, Last):	Age:	Gender: <input type="radio"/> M <input type="radio"/> F
Address:	Past TLC Participant?	
City, State, Zip:	YES	<input type="radio"/> NO
Participant Name (First, Last):	Age:	Gender: <input type="radio"/> M <input type="radio"/> F
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City, State, Zip:	YES	<input type="radio"/> NO
Participant Name (First, Last):	Age:	Gender: <input type="radio"/> M <input type="radio"/> F
Address:	Past TLC Participant?	
City, State, Zip:	YES	<input type="radio"/> NO