Alabama Rural Ministry

www.arm-al.org

Team Roster

We would like to have a record of each team member participating in your work week/day. Please record each of your team member's information and turn it in to the site coordinator with your medical release & liability forms.
Please print legibly.

Church or Organization _____

Address of Church or Organization _____

Date(s) of trip _____

			Check One	
Name	**Mailing address**	**Email Address**	**Group Leader**	**Team Member**

Name	Mailing address	Email Address	Group Leader	Team Member