

# USS *Cobia* Overnight Roster

Date of Overnight: \_\_\_\_\_ Group Name: \_\_\_\_\_

Total Participants: \_\_\_\_\_ Adults \_\_\_\_\_ Youth \_\_\_\_\_

Adult Leader Night of Stay: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#	Participant Name	Youth/Adult	Gender	CPAP?	Paid?
1	<i>Adult Leader Night of Stay</i>				
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#	Participant Name	Youth/Adult	Gender	CPAP?	Paid?
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#	Participant Name	Youth/Adult	Gender	CPAP?	Paid?
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