RANCHO EL CHORRO OUTDOOR SCHOOL
STUDENT ROSTER

Name of School: _____ Date of Visit _____

Please type or print clearly with pen. List all student names alphabetically. **Please submit to Rancho El Chorro no later than <u>30 DAYS PRIOR TO YOUR SCHEDULED VISIT.</u>** We will assign hike groups based on your cabin assignments.

#	Last Name, First Name (alphabetically)	Cabin Group	Please note special or dietary needs, medications, or allergies. (If parent is a cabin leader, please list the child's name)