Year Round Rental

User Group Roster

Group Name_____

Dates of use_____

Emergency Vehicle	Name of driver	Auto insurance copy	Driver's license number/copy	Initial Ok to be used by others in group if needed
Adult CPR certified	Copy of Certification	Name of Adult Certified in First Aid	Copy of Certification	
Name (list minors first)	Parent Name	Address	Phone #	Emergency Contact

Adult Roster

Name	Address	Home Phone	Cell Phone	Emergency Contact