

## TEAM ROSTER

Gender: F or M	Last Name	First Name	ADDRESS	City	Zipcode

The persons whose names appear on this roster have reviewed the CDBF On-Line Safety Training Video, and understand the contents thereof.  
 Team Captain (Print name/signature) \_\_\_\_\_ .     Date: \_\_\_\_\_ , 2011.    Page 1 of 2.

## TEAM ROSTER

Team Name:		Team Trainer/Stern's Name:			
Gender: <b>F or M</b>	Last Name	First Name	ADDRESS	City	Zipcode

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Team Captain (Print name/signature) \_\_\_\_\_ .     Date: \_\_\_\_\_ , 2011.     Page 2 of 2.