Schooner Ernestina Participant Manifest

Group Name:_____

Date(s) of Program:_____

Group Leader:_____ Contact number:_____

✓	Name	Emergency Contact Telephone Number	Comment

Please indicate the Adult Leaders/Chaperones of the Program as applicable.

Please return to: Schooner Ernestina Commission, P.O. Box 2010, New Bedford, MA 02741-2010
Tel. 508-992-4900 Fax 508-984-7719