

# Kids Alive Service Team Participant Roster

## Kids Alive International

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<b>Team Name:</b>	<b>Dates:</b>	<b>Country/Location:</b>
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First & Last Name <small>(as it appears on passport)</small>	Address <small>(Street, City, ST, Zip)</small>	EMAIL & Phone Number	Birthdate & Gender	Food Allergies/ Dietary Restrictions	Previous Member of KAI Service Team? (Y/N)	Kids Alive Child Sponsor? (Y/N)
Leader						
Leader						



