KIDS ALIVE SERVICE TEAM ROSTER

Kids Alive International
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kidsalive® INTERNATIONAL
Christian Care for Children at Risk

Team Name: **Country-Site:** **Dates of Trip:**

Full Name	Mailing Address (Street, City, ST, Zip)	Email Address & Phone Number	Birthdate & Gender	Food Allergies/ Dietary Restrictions	Previous Member of KAI Service Team? (Y/N)	Kids Alive Child Sponsor? (Y/N)
LEADER						

First & Last Name	**Address** (Street, City, ST, Zip)	**Email Address & Phone Number**	**Birthdate & Gender**	**Food Allergies/ Dietary Restrictions**	**Previous Member of KAI Service Team? (Y/N)**	**Kids Alive Child Sponsor? (Y/N)**

First & Last Name	**Address** (Street, City, ST, Zip)	**Email Address & Phone Number**	**Birthdate & Gender**	**Food Allergies/ Dietary Restrictions**	**Previous Member of KAI Service Team? (Y/N)**	**Kids Alive Child Sponsor? (Y/N)**