



Basic Training Class Roster

Write Name and Nickname in This Space	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Telephone/Email/Shirt Order
	[Empty grid for name and weeks]						
<input type="checkbox"/> Member	PT Test 1: P/U _____ Daisies _____ S/U _____ Run _____			PT Test 2: P/U _____ Daisies _____ S/U _____ Run _____			Phone: Email: Circle: T-shirt/Tank Circle: S M L XL 2XL
<input type="checkbox"/> Member	PT Test 1: P/U _____ Daisies _____ S/U _____ Run _____			PT Test 2: P/U _____ Daisies _____ S/U _____ Run _____			Phone: Email: Circle: T-shirt/Tank Circle: S M L XL 2XL
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