

KOSS
Participant List (Alphabetical)

Camp date(s) _____ School _____
 Grade(s) _____ Teacher(s) _____

Please Print. This list should reach the KOSS office two weeks prior to your first day of camp. Call in any changes to 541-850-8218.

Boys	Girls
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
**	
Male Adult	Female Adult
1	1
2	2
3	3

Return this to KOSS at least two weeks prior to your camp!

