A Night at the Museum

AMNH Sleepover Program

amnh.org/sleepovers

Roster of Participants

Sleepover Date:_____

Group Name:_____

Group Leader's Name:_____

Please fill out the names of all the participants in the sleepover program and indicate the ages of the children. Submit the roster form four weeks prior to your program. Make additional copies of this form if necessary.

Name of Participant	Age (if Child)
1._____	_____
2._____	_____
3._____	_____
4._____	_____
5._____	_____
6._____	_____
7._____	_____
8._____	_____
9._____	_____
10._____	_____
11._____	_____
12._____	_____
13._____	_____
14._____	_____
15._____	_____
16._____	_____
17._____	_____
18._____	_____
19._____	_____
20._____	_____