

Children of the Dump

MEDEX Insurance Services, Inc. Enrollment Roster

Fill out and fax (360-825-4517—no cover sheet needed) or mail (718 Griffin Ave., PMB #207, Enumclaw, WA 98022) at least *three weeks prior to your trip*. Please print, type, or fill in on the computer and print out copy to send.

Name of group: _____

Contact person: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Dates of trip: _____

	Name	Date of Birth	Age	Emergency Contact Info	US Citizen or Permanent Resident of US?
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

	Name	Date of Birth	Age	Emergency Contact Info	US Citizen or Permanent Resident of US?
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					

	Name	Date of Birth	Age	Emergency Contact Info	US Citizen or Permanent Resident of US?
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					