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# ICL Group Information Sheet Trip Dates: \_\_\_\_\_

<u>NAME</u>	<u>PHONE #</u>	<u>ALLERGIES</u>	<u>EMAIL</u>	<u>EMERGENCY CONTACT</u>	<u>CONTACT #</u>

**TRIP LEADER:**

**ADDRESS:**

**EMAIL:**

**TYPE OF TRIP:**

**PLEASE SIGN TO ACKNOWLEDGE THAT ALL GROUP MEMBERS HAVE UNDERSTOOD THE WAIVER:**