



# WOLFTREE CLASS LIST

(Please complete and bring on your field day!)

Date \_\_\_\_\_

School \_\_\_\_\_

Teacher \_\_\_\_\_

Total Number of Students \_\_\_\_\_

Number of Attending Adults \_\_\_\_\_

	Student Name	Check if Wolftree Permission Form in	Check if allergies, med conditions, special needs, etc.	Check if parents request NO photos/filming
1				
2				
3				
4				
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31				
32				
33				
34				

Names of Attending Adults:

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_