2026 Outpost FCF Trace Roster

Church: _____ Outpost #: _____

Coordinator: _____ Phone: _____

Bring a copy of this form to the registration table. (Use additional forms if necessary)

#	Boys Names	FCF Young Bucks $75/$85	Buckskin Test $75/$85	Wilderness Test $75/$85	Attendee Forms	Emergency Phone	Emergency Contact Name
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
	Leaders/Adults Names	FCF Young Bucks $75/$85	Buckskin Test $75/$85	Wilderness Test $75/$85	Back ground check	Emergency Phone	Emergency Contact Name
1							
2							
3							
4							
5							

The Pastor has confirmed that adults above have an active, up-to-date background check on file.

_____
Pastor Signature Date