



PERSONNEL LIST

To be completed and original to be returned to ABCRA Head Office prior to your fixture.

FIXTURE: _____

DATE/S OF FIXTURE: ____/____/____ TO ____/____/____

JUDGES NAMES

M'Ship #

Open Campdraft _____

Novice Campdraft _____

Maiden Campdraft _____

Ladies Campdraft _____

Encouragement Campdraft _____

Juvenile Campdraft _____

Junior Campdraft _____

First Aid/Medical Provider _____

Announcer _____

Photographer _____

Bar Licensee _____

Venue PIC Number _____

Contact Person for Fixture _____

Best Daytime Phone Number _____

Best Contact Person at Fixture _____

Contact's Phone Number _____

Send to Head Office prior to your fixture so your Personnel can be checked